

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2009
Secretary of State**

DOCUMENT# N97000001574

Entity Name: THE FLORIDA HIGHWAY PATROL AUXILIARY FOUNDATION, INC.

Current Principal Place of Business:

2900 APALACHEE PARKWAY
MS45
TALLAHASSEE, FL 32399

New Principal Place of Business:

Current Mailing Address:

12277 AREACA DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 59-3495705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUARTE, ERNESTO FHP-LTC
2900 APALACHEE PKWY,
MS45
TALLAHASSEE,, FL 32399 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHEFFER, STEVEN A PRES
Address: 4332 KINCARDINE DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: TORRES, RALPH K D/CFO
Address: 12277 AREACA DR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: BARBER, DANNY D
Address: 8624 GREEN CAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: WARRICK, GEORGE P D
Address: 4360 PETERS ROAD
City-St-Zip: FT. LAUDERDALE, FL 33317

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LINK, JAMES P D
Address: 3199 CHIMNEY DRIVE
City-St-Zip: MIDDLEBURG, FL 32069

Title: D () Change (X) Addition
Name: PRICE, KIRK S
Address: 803 GULF ISLAND DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH TORRES

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date