

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003256

FILED
Apr 23, 2007
Secretary of State

Entity Name: LAW ENFORCEMENT EMERALD SOCIETY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

10031 N.W. 27TH TERRACE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 226822
MIAMI, FL 33122

New Mailing Address:

FEI Number: 65-0773129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, SEAN
10031 N.W. 27 TERRACE
MIAMI, FL 33172 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: PD () Delete
Name: DELANO, KEITH
Address: PO BOX 226822
City-St-Zip: MIAMI, FL 33122

Title: V () Delete
Name: REILLY, PATRICK
Address: PO BOX 30573
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: SD () Delete
Name: JAMES, MOYER
Address: 4974 SW 102 AVENUE
City-St-Zip: COOPER CITY, FL 33327

Title: T () Delete
Name: PASSERO, ROGER
Address: 1901 N. ATLANTIC BLVD. #S513
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D () Delete
Name: HINMAN, SHAWN
Address: 1849 CAPEL SIDE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: HAYES, SEAN
Address: 10031 NW 27TERRACE
City-St-Zip: MIAMI, FL 33172

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: () Change () Addition
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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KEITH DELANO

PD

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date