

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90178 038 ****61.25

DOCUMENT # N98000005976

1. Entity Name

LCSO CITIZEN'S ACADEMY ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**LEON COUNTY SHERIFF'S OFFICE
 2825 MUNICIPAL WAY
 TALLAHASSEE FL 32304**

**PO BOX 727
 TALLAHASSEE FL 32302-0727**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3558926

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENGSTON, CARL H
 8726 PALENCIA COURT
 TALLAHASSEE FL 32311**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P BENGSTON, CARL H	<input type="checkbox"/> Delete
STREET ADDRESS	8726 PALENCIA CT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE NAME	V HOOVER, LINDA	<input type="checkbox"/> Delete
STREET ADDRESS	5402 ISABELLE DRV	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE NAME	S TEMPLETON, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7991 LOCHNOLL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME	D ELLIS, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1515-19 PAUL RUSSELL RD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	D GIRTMAN, BEN E	<input type="checkbox"/> Delete
STREET ADDRESS	2907 ABBOTSFORD WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME	D STUCKE, ALLEN D	<input type="checkbox"/> Delete
STREET ADDRESS	2414 MEXIA AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

TITLE NAME	T JOHN E SCHMIDT, JR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1558 Blockford Ct E	
CITY-ST-ZIP	Tallahassee, Fl., 32317-8461	
TITLE NAME	S MARY DUMAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5783 Cypress C	
CITY-ST-ZIP	Tallahassee, FL., 32303	
TITLE NAME	D Mark Pearlman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	26 Spotted Deer Drv	
CITY-ST-ZIP	Tallahassee, FL., 32304	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

John E Schmidt, Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 April 02 850-878-9550

Date Daytime Phone #

CR2E037 (9/01)