

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3558926

Applied For

Not Applicable

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 ☐ Delete
 NAME **P BENGSTON, CARL H**
 STREET ADDRESS **8726 PALENCIA CT**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Change ☒ Addition
 NAME **JOHN E SCHMIDT, JR**
 STREET ADDRESS **1558 Blockford Ct E**
 CITY-ST-ZIP **Tallahassee, Fl., 32317-8461**

TITLE ☐ Delete
 NAME **V HOOKER, LINDA**
 STREET ADDRESS **5402 ISABELLE DRV**
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☐ Change ☒ Addition
 NAME **S MARY DUMAS**
 STREET ADDRESS **5783 Cypress C**
 CITY-ST-ZIP **Tallahassee, Fl., 32303**

TITLE ☒ Delete
 NAME **S TEMPLETON, DAVID**
 STREET ADDRESS **7991 LOCHNOLL**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☒ Addition
 NAME **D Mark Pearlman**
 STREET ADDRESS **26 Spotted Deer Drv**
 CITY-ST-ZIP **Tallahassee, Fl., 32304**

TITLE ☒ Delete
 NAME **D ELLIS, JIM**
 STREET ADDRESS **1515-19 PAUL RUSSELL RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D GIRTMAN, BEN E**
 STREET ADDRESS **2907 ABBOTSFORD WAY**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D STUCKE, ALLEN D**
 STREET ADDRESS **2414 MEXIA AVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE ☐ Change ☐ Addition
 NAME
 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)