


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90029 036 ****61.25

DOCUMENT # N98000005976 1. Entity Name LCSO CITIZEN'S ACADEMY ALUMNI ASSOCIATION, INC.					
Principal Place of Business LEON COUNTY SHERIFF'S OFFICE 2825 MUNICIPAL WAY TALLAHASSEE, FL 32304			Mailing Address PO BOX 727 TALLAHASSEE, FL 32302-0727		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3558926	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOHR, MARY ANNA 3415 DEER LANE DR TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GRAY GARY, SHARON 2012 RIVERS RD TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, SHARON 2012 RIVERS RD TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P Archie Johnston 814 HILB WAY TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOHR, MARY ANNA 3415 DEER LANE DR TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTI BYARS 4425 MEANDERING WAY -507-25 TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRICKLAND, BETTE P.O. BOX 1515 WOODVILLE, FL 32362		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Werner Sachs 3115 SHAMPOCK E. TALLAHASSEE, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOKE, LINDA 5402 ISABELLE DR TALLAHASSEE, FL 32310		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Julie Orange 5600 Wagon wheel Ct. TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDON, GRADY SR 5877 BUCK LAKE RD TALLAHASSEE, FL 32317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: MARY ANNA MOHR - Treasurer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-2607 850-893-4123 <small>Date Daytime Phone #</small>		