

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705203

FILED
Jan 05, 2006
Secretary of State

Entity Name: FLORIDA PROSECUTING ATTORNEY'S ASSOCIATION, INC.

Current Principal Place of Business:

107 WEST GAINES STREET
STE 531
TALLAHASSEE, FL 323991050 US

New Principal Place of Business:

Current Mailing Address:

107 WEST GAINES STREET
STE 531
TALLAHASSEE, FL 323991050 US

New Mailing Address:

FEI Number: 23-7131671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGENMULLER, JOHN N
107 WEST GAINES STREET
STE 531
TALLAHASSEE, FL 323991050 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: WILLIE, MEGGS
Address: LEON COUNTY COURT HOUSE
City-St-Zip: TALLAHASSEE, FL 323992550

Title: VPD () Delete
Name: BRUCE, COLTON
Address: 411 SOUTH SECOND STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: T () Delete
Name: CERVONE, WILLIAM
Address: P.O. BOX 1437
City-St-Zip: GAINESVILLE, FL 32602

Title: SD () Delete
Name: MARK, OBER
Address: 800 EAST KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLTON, BRUCE
Address: 411 SOUTH SECOND STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: VPD (X) Change () Addition
Name: OBER, MARK
Address: 800 EAST KENNEDY BOULEVARD
City-St-Zip: TAMPA, FL 33602

Title: T (X) Change () Addition
Name: KOHL, MARK
Address: 530 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Change () Addition
Name: CERVONE, WILLIAM
Address: 120 WEST UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32602

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: JOHN N. HOGENMULLER

ED

01/05/2006

Electronic Signature of Signing Officer or Director

Date