
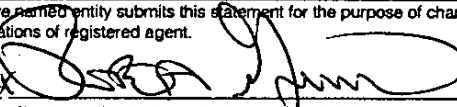
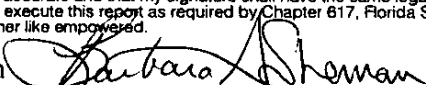


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90037 003 ****61.25

DOCUMENT # N00000006726			
1. Entity Name COMMUNITY POLICING INSTITUTE ALUMNI ASSOCIATION, INC. <i>Sheriff's Citizens Academy Alumni Association, Inc.</i>			
Principal Place of Business 10750 ULMERTON RD LARGO, FL 33778		Mailing Address P.O. BOX 2577 PINELLAS PARK, FL 33780	
2. Principal Place of Business		3. Mailing Address P.O. DRAWER 2500	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LARGO, FL	
Zip	Country	Zip	Country
33779	USA	33779	PINELLAS
4. FEI Number 59-3689301		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, CLIFF 5901-91 AVE N PINELLAS PARK, FL 33782		7. Name and Address of New Registered Agent Name Robert Gualtieri Street Address (P.O. Box Number is Not Acceptable) 10750 Ulmerton Rd. City LARGO FL Zip Code 33778	
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. SIGNATURE  DATE 7/8/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		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	VP VIENS, LESLIE 1261 PENNY CT DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRADY MILLER 1660 NARNIA CT. Dunedin, FL 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYROUTI, J J 17425 GULF BOULEVARD REDINGTON SHORES, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TERRY Schoch 7331 122 WAY N Largo, FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEMAN, ZOE 16326 GULF BLVD REDDINGTON BEACH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHERMAN, BARBARA 106 PALMETTO LANE LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Barbara A. Sherman 		Date 7/7/06 Daytime Phone # 727 582-6274	

ATTACHMENT

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#N00000006726

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION

I. Article I of the Articles of Incorporation of **COMMUNITY POLICING INSTITUTE ALUMNI ASSOCIATION, INC.** is hereby amended to read:

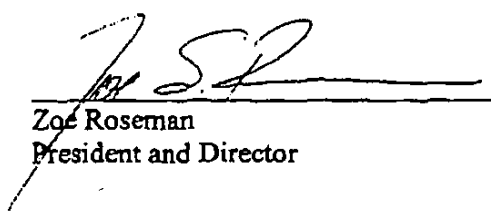
ARTICLE I

Name

The name of this corporation shall be: **SHERIFF'S CITIZENS ACADEMY ALUMNI ASSOCIATION, INC.**

II. The foregoing amendment was adopted by the unanimous vote of the directors and members of this corporation on the 27 day of June, 2006.

The undersigned President and Director of this corporation has executed these Articles of Amendment this 3 day of August, 2006.


Zoe Roseman
President and Director

Prepared by:
Michael C. Foley, Esq.
P. O. Box 1669
Clearwater, FL 33757
(727) 441-8966

4060001958853

ATTACHMENT

State of Florida



Department of State

I certify from the records of this office that SHERIFF'S CITIZENS ACADEMY ALUMNI ASSOCIATION, INC. is a corporation organized under the laws of the State of Florida, filed on October 9, 2000.

The document number of this corporation is N00000006726.

I further certify that said corporation has paid all fees due this office through December 31, 2005, that its most recent annual report/uniform business report was filed on July 13, 2005 and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

I further certify that this is an electronically transmitted certificate authorized by Section 15.16, Florida Statutes and authenticated by the code, 706A00048885-080406-N00000006726-1/1, noted below.

Authentication Code: 706A00048885-080406-N00000006726-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Fourth day of August, 2006



Sue M. Cobb
Sue M. Cobb
Secretary of State