2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705203

FILED Jan 07, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

107 WEST GAINES STREET 107 WEST GAINES STREET

STE 531 STE L-66

TALLAHASSEE, FL 323991050 US TALLAHASSEE, FL 323991050 US

Current Mailing Address: New Mailing Address:

107 WEST GAINES STREET 107 WEST GAINES STREET

STE L-66 STE 531

TALLAHASSEE, FL 323991050 US TALLAHASSEE, FL 323991050 US

FEI Number: 23-7131671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOGENMULLER, JOHN N HOGENMULLER, JOHN N 107 WEST GAINES STREET 107 WEST GAINES STREET

STE L-66

TALLAHASSEE, FL 323991050 US TALLAHASSEE, FL 323991050 US

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:

01/07/2008 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

COLTON, BRUCE OBER, MARK A Name: Name: 411 SOUTH SECOND STREET Address: 800 EAST KENNEDY BLVD. Address:

City-St-Zip: FT. PIERCE, FL 34950 City-St-Zip: TAMPA, FL 33602

Title: VPD Title: (X) Change () Addition () Delete OBER, MARK Name: CERVONE, WILLIAM Name:

Address: 800 EAST KENNEDY BOULEVARD Address: P.O. BOX 1437

City-St-Zip: TAMPA, FL 33602 City-St-Zip: GAINESVILLE, FL 32602

Title: Title: (X) Change () Addition () Delete

KOHL, MARK Name: EDDINS, WILLIAM Name: Address: P.O. 12726

530 WHITEHEAD STREET Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: PENSACOLA, FL 32501

Title: SD () Delete Title: SD (X) Change () Addition

CERVONE, WILLIAM Name: Name: KOHL, MARK

120 WEST UNIVERSITY AVENUE 530 WHITEHEAD STREET Address: Address: City-St-Zip: GAINESVILLE, FL 32602 City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify 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 01/07/2008