2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # N00000001452 TALLAHASSEE CITIZENS' POLICE ACADEMY ALUMNI 08 JUL -7 AM 10: 02 ASSOCIATION, INCORPORATED SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3688 BARBARY DRIVE P.O. BOX 187 TALLAHASSEE, FL 32309-3002 TALLAHASSEE, FL 32302-0187 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07072008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3619802 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDANIEL, H.A. Street Address (P.O. Box Number is Not Acceptable) 7243 WINTERCREEK LANE TALLAHASSEE, FL 32309-7401 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD ☐ Change TITLE ☐ Delete TITLE ■ Addition _**500132922433** 07/15/08--01006--008 **70.00 JASKI, GERALD NAME NAME 901 HILLCREST COURT STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 323055060 CITY-ST-ZIP CITY-ST-ZIP VD TITLE TITLE Delete Addition Change NAME RULL, ADRIENNE NAME STREET ADDRESS 3420-A N. MONROE ST. STREET ADDRESS TALLAHASSEE, FL 32303 CITY-ST-ZIP CITY-ST-7IP Delete □ Change ■ Addition TITLE TITLE FLANAGAN, BOB NAME NAME STREET ADDRESS 3688 BARBARY DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323093002 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SANDLER, JILL NAME NAME 1519 MARION AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP Delete TITLE SH TITLE ☐ Change ■ Addition TRIBBLE, ED NAME NAME STREET ADDRESS 2007 W. INDIANHEAD DR. STREET ADDRESS TALLAHASSEE, FL 32301 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition BARNIDGE, JANYS NAME NAME STREET ADDRESS 1354 SUMERLIN DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317 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 simply yellow. Meriles TEPAAA SIGNATURE: __ SIGNATURE AND TYPED OR PRINTED NAME OF SIG G OFFICER OR DIRECTOR Daytime Phone