## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N30694

FILED Feb 05, 2009 Secretary of State

Entity Name: AMERICAN ASSOCIATION OF STATE TROOPERS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1949 RAYMOND DIEHL ROAD TALLAHASSEE, FL 323083778 US **Current Mailing Address: New Mailing Address:** 1949 RAYMOND DIEHL ROAD TALLAHASSEE, FL 323083778 US FEI Number: 59-2952895 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: COX, J. ALAN 1660 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition MOORE, THOMAS E MOORE, THOMAS E Name: Name: 11355 EVA LN Address: 2170 S HARBOR BLVD. #207 Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: ANAHEIM, CA 92802 Title: Title: () Delete () Change () Addition WITT, DAVID L Name: Name: Address: 14605 ROCK CREEK RD Address: City-St-Zip: SHERIDAN, OR 97378 City-St-Zip: Title: VPD () Delete Title: () Change () Addition BARBIER, KEITH Name: Name: 22322 RANGEVIEW DR Address: Address: City-St-Zip: KATY, TX 77450 City-St-Zip: Title: VPD ( ) Delete Title: () Change () Addition JOHNSON, CLAUDE I Name: Name: Address: PO BOX 388 Address: City-St-Zip: ELLENDALE, TN 38029 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, JAMES D Name: Name: 2950 SPRING CHASE LN Address: Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: () Delete Title: () Change () Addition LANE, JEFFREY Name: Name: Address: 435 CANTERBURY DR Address: HALIFAX, VA 24558 City-St-Zip: City-St-Zip:

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: KENNETH HOWES ED 02/05/2009