## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001452

Feb 23, 2009 Secretary of State

Entity Name: TALLAHASSEE CITIZENS' POLICE ACADEMY ALUMNI ASSOCIATION, INCORPORATED

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

3688 BARBARY DRIVE 2415 N. MONROE STREET TALLAHASSEE, FL 323093002

SUTE F-3

TALLAHASSEE, FL 32303

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 187

TALLAHASSEE, FL 323020187

FEI Number: 59-3619802 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:

LEE, DAVID F MCDANIEL, H.A. 7243 WINTERCREEK LANE

3257 THOREAU AVENUE US TALLAHASSEE, FL 323097401 US TALLAHASSEE, FL 32311

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: DAVID F. LEE 02/23/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

JASKI, GERALD SMITH, DEWEY Name: Name: 901 HILLCREST COURT Address: 2310 CANTER COURT Address: City-St-Zip: TALLAHASSEE, FL 323055060 City-St-Zip: TALLAHASSEE, FL 32308

Title: VD () Delete Title: (X) Change ( ) Addition RULL, ADRIENNE Name: SHELTON, RICHARD Name:

Address: 3420-A N. MONROE ST. Address: 2413 DELGADO DRIVE City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32304

Title: () Delete Title: S-D (X) Change ( ) Addition

SANDLER, JILL SANDLER, JILL Name: Name: 1519 MARION AVENUE Address: Address: 1519 MARION AVENUE City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

(X) Change ( ) Addition Title: SH () Delete Title: T-D TRIBBLE, ED

Name: Name: LEE, DAVID F 3257 THOREAU AVENUE Address: 2007 W. INDIANHEAD DR. Address:

City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32311

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

TRIBBLE, ED Name: Name:

2007 W. INDIANHEAD DR. Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32301

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

O'BRIEN, ROXY Name: Name:

Address: Address: 205 EAST LAKESHORE DRIVE TALLAHASSEE, FL 32312 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: DAVID F. LEE **TREA** 02/23/2009