

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001452

Entity Name: TALLAHASSEE CITIZENS' POLICE ACADEMY ALUMNI ASSOCIATION, INCORPORATED**Current Principal Place of Business:**234 EAST 7TH AVENUE
TALLAHASSEE, FL 32303**Current Mailing Address:**P.O. BOX 187
TALLAHASSEE, FL 32302-0187**FEI Number: 59-3619802****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEE, DAVID F. FSR. TREASURER
3257 THOREAU AVENUE
TALLAHASSEE, FL 32311 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:** DAVID F. LEE

01/26/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P-D
Name SAYLER, ERIK L
Address P. O. BOX 1148
City-State-Zip: TALLAHASSEE FL 32302

Title V-D
Name PIENTA, DAVID
Address 53 MEADOWLARK DRIVE
City-State-Zip: CRAWFORDVILLE FL 32327

Title S-D
Name KOHNKE, MARY C
Address 2317 HAMPSHIRE WAY
City-State-Zip: TALLAHASSEE FL 32309

Title T-D
Name LEE, DAVID F
Address 3257 THOREAU AVENUE
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR
Name JASKI, GERALD
Address 5841 CYPRESS CIRCLE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name O'BRIEN, ROXY
Address 205 EAST LAKESHORE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name PAM, ALONZO
Address 491 FRANK SHAW ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name BEAGLE, GAVIN
Address 6743 TIM TAM TRAIL
City-State-Zip: TALLAHASSEE FL 32309

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I hereby 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 all other like empowered.

SIGNATURE: DAVID F. LEE

DIRECTOR/TREASURER

01/26/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CUNNINGHAM, PATRICK
Address 7405 CANDLEWOOD LANE
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name WHITE, CHARRICK
Address 1616 KAY AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name GADEN, KEITH
Address 418 STONEHOUSE ROAD
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name LAMONT, KRISTINE
Address 12033 CEDAR BLUFF
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name WHITE, GENNAH
Address 1616 KAY AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name MATHIS, ALICE
Address 1223 CROSS CREEK CIRCLE
City-State-Zip: TALLAHASSEE FL 32301