

2015 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
3249 WHITMAN WAY
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

03/25/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
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	3249 WHITMAN WAY
City-State-Zip:	TALLAHASSEE FL 32311

Title	VP
Name	REED, MONICA
Address	2058 FLORIDA AVENUE
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	STEPHENSON, CHRIS
Address	5074 BOXWOOD CT.
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	BRACCI, KELLI
Address	22 BEELER RD.
City-State-Zip:	TALLAHASSEE FL 32327

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

Title	DIRCTOR
Name	JENKINS, KIMBERLY
Address	4120 CASTELLAN DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

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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

TREASURER/DIRECTOR

03/25/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name SANCHEZ, DEMETRIO
Address 3801 MISSION TRACE BLVD.
APT. 14
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name HUTSELL, ELLEN D
Address 1441 WAUKEENAH HWY.
City-State-Zip: MONTICELLO FL 32344