2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010204

Entity Name: FLORIDA DEPUTY SHERIFFS ASSOCIATION, INC.

Current Principal Place of Business:

2617 MAHAN DR TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 12519 TALLAHASSEE, FL 32317 US

FEI Number: 20-4702355

Name and Address of Current Registered Agent:

DEAN, KEITH 2617 MAHAN DR TALLAHASSEE, FL 32308 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	EXEC
Name	SMITH, GORDON	Name	DEAN, KEITH
Address	2617 MAHAN DR	Address	2617 MAHAN DR
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308
Title	DIR	Title	DIR
TITLE	DIR	The	DIR
Name	BURKE, ERIC A	Name	ADKINSON, MIKE
Address	2617 MAHAN DR	Address	2617 MAHAN DR
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308
Title	DIR	Title	DIR
Title Name	DIR SMITH, A J	Title Name	DIR CREAMER, JOHN
Name	SMITH, A J	Name	CREAMER, JOHN
Name Address	SMITH, A J 2617 MAHAN DR	Name Address City-State-Zip:	CREAMER, JOHN 2617 MAHAN DR TALLAHASSEE FL 32308
Name Address	SMITH, A J 2617 MAHAN DR	Name Address	CREAMER, JOHN 2617 MAHAN DR
Name Address City-State-Zip:	SMITH, A J 2617 MAHAN DR TALLAHASSEE FL 32308	Name Address City-State-Zip:	CREAMER, JOHN 2617 MAHAN DR TALLAHASSEE FL 32308
Name Address City-State-Zip: Title	SMITH, A J 2617 MAHAN DR TALLAHASSEE FL 32308 DIRECTOR	Name Address City-State-Zip: Title	CREAMER, JOHN 2617 MAHAN DR TALLAHASSEE FL 32308 DIRECTOR
Name Address City-State-Zip: Title Name	SMITH, A J 2617 MAHAN DR TALLAHASSEE FL 32308 DIRECTOR STALEY, RICK 2617 MAHAN DR	Name Address City-State-Zip: Title Name	CREAMER, JOHN 2617 MAHAN DR TALLAHASSEE FL 32308 DIRECTOR PRENDERGAST, MIKE

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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: KEITH DEAN

EXECUTIVE DIRECTOR 02/07/2019

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	SMITH, BRAD	Name	MEALY, BOB
Address	2617 MAHAN DR	Address	2617 MAHAN DR
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR GREEN, BOBBY	Title Name	DIRECTOR WHITE, BOB
Name	GREEN, BOBBY	Name	WHITE, BOB