

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001832

FILED
Apr 10, 2019
Secretary of State
2238321857CC

Entity Name: APOPKA CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

112 EAST 6TH STREET
APOPKA, FL 32703

Current Mailing Address:

112 EAST 6TH STREET
APOPKA, FL 32703 US

FEI Number: 59-3325253

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITE, CHARLOTTE
1173 DEER LAKE CIRCLE
APOPKA, FL 32712 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

Date

Officer/Director Detail :

Title DIRECTOR
Name CASTILLO, JOANN
Address 914 SHEELER OAKS DR.
City-State-Zip: APOPKA FL 32703

Title TREASURER
Name WHITE, CHARLOTTE
Address 1173 DEER LAKE CIRCLE
City-State-Zip: APOPKA FL 32712

Title PRESIDENT
Name LAURENDEAU, LINDA
Address 1785 NORDIC COURT
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name MORRISON, JIM
Address 1230 GLENMORE DRIVE
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name BRYANT, MARIA
Address 420 DRAGE DRIVE
City-State-Zip: APOPKA FL 32703

Title VP
Name WASHINGTON, HOWARD
Address 4389 MARIGOLD ISLE AVENUE
City-State-Zip: APOPKA FL 32712

Title DIRECTOR
Name SMITH, JIM
Address 1451 HOLLYHOOK CIRCLE
City-State-Zip: APOPKA FL 32703

Title SECRETARY
Name UNRUE, GERI
Address 529 HAWKINS CIR
City-State-Zip: APOPKA FL 32703

Continues on page 2

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: LINDA LAURENDEAU

PRESIDENT

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SURIFF, MARV
Address 1346 CHEBON CT
City-State-Zip: APOPKA FL 32712