

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001832

FILED
Jan 03, 2018
Secretary of State
CC5001068382

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

Current Principal Place of Business:

1173 DEER LAKE CIRCLE
APOPKA, FL 32712

Current Mailing Address:

1173 DEER LAKE CIRCLE
APOPKA, FL 32712 US

FEI Number: 59-3325253

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHITE, CHARLOTTE A
7023 OAKMORE LANE
ORLANDO, FL 32818 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: CHARLOTTE A. WHITE

01/03/2018

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 WHITE, CHARLOTTE
Address 1173 DEER LAKE CIRCLE
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 GREGO, SAM
Address 525 HEBRIDGES CT
City-State-Zip: APOPKA FL 32712

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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: CHARLOTTE WHITE

TREASURER

01/03/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SECRETARY
Name WILKES, KYLE
Address 362 MORNING CREEK CIRCLE
City-State-Zip: APOPKA FL 32712