

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001574

**FILED**  
**Jan 14, 2018**  
**Secretary of State**  
**CC9964901780**

**Entity Name:** THE FLORIDA HIGHWAY PATROL AUXILIARY FOUNDATION, INC.

**Current Principal Place of Business:**

2900 APALACHEE PARKWAY  
MS45  
TALLAHASSEE, FL 32399

**Current Mailing Address:**

6190 VISTA LINDA LANE  
BOCA RATON, FL 33433 US

**FEI Number: 59-3495705**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DUARTE, ERNESTO FHP- CHIEF  
2900 APALACHEE PKWY.  
MS45  
TALLAHASSEE, FL 32399 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: ERNESTO DUARTE**

**01/14/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BARBER, DANNY  
Address        8624 GREEN CAY  
City-State-Zip: WEST PALM BEACH FL 33411

Title            DIRECTOR  
Name            PRICE, SPENCER  
Address        803 GOLF ISLAND DR  
City-State-Zip: APOLLO BEACH FL 32351

Title            DIRECTOR  
Name            BRADLET, ELDEN III  
Address        4949 AREANA WAY  
City-State-Zip: LAKE WORTH FL 33463

Title            CFO, TREASURER  
Name            GENNARI, JOSEPH  
Address        6190 VISTA LINDA LANE  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            BUCKLEY, RONALD  
Address        13155 AMERIGO LANE  
City-State-Zip: VENICE FL 34293

Title            DIRECTOR  
Name            LYNCH, JOHN  
Address        9845 PORTOFINO DRIVE  
City-State-Zip: ORLANDO FL 32832

Title            DIRECTOR  
Name            MAKIN, DENNIS  
Address        7340 MIRANDA SUE BLVD  
City-State-Zip: PENSACOLA FL 32526

Title            SECRETARY  
Name            WALSH, WILLIAM  
Address        2660 CENTER COURT DRIVE  
City-State-Zip: WESTON FL 33332

*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: JOSEPH GENNARI**

**CFO, TREASURER**

**01/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date