2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# 712649

Entity Name: CASSELBERRY POLICE BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

4195 S US HWY 17-92
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

4195 S US HWY 17-92
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-2506989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLEASANTS, SCOTT
4195 S US HWY 17-92
CASSELBERRY FL, FL 32707 US

Name and Address of New Registered Agent:

TOOLE, MICHAEL
4195 S US HWY 17-92
CASSELBERRY FL, FL 32707 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: MICHAEL TOOLE 02/12/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PAMATIAN, CHRIS
Address: 4195 S US HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

Title: ST ( ) Delete
Name: STRONG, KAREN
Address: 4195 S. US HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

Title: T ( ) Delete
Name: MCDONALD, TERRI
Address: 4195 S US HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TOOLE, MICHAEL
Address: 4195 S US HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

Title: V (X) Change ( ) Addition
Name: GOODMAN, JAMES
Address: 4195 S. US HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

Title: S (X) Change ( ) Addition
Name: GILBERT, KAREN
Address: 4195 S US HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

Title: T ( ) Change (X) Addition
Name: JORDAN, JERALD
Address: 4195 S US HWY 17-92
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JERALD JORDAN T 02/12/2008
Electronic Signature of Signing Officer or Director Date