


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 740019 1. Entity Name ST. PETERSBURG RETIRED POLICE OFFICERS ASSOCIATION, INC.	
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Principal Place of Business 7791-55 ST. NORTH PINELLAS PARK, FL 34665	Mailing Address 7791-55 ST. NORTH PINELLAS PARK, FL 34665
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-NP CR2E037 (4/06)

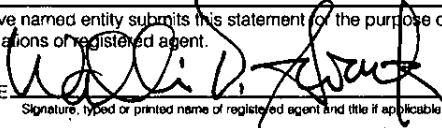
4. FEI Number 59-1778713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLIS D. SWARTZ
 7791-55 ST. NORTH
 PINELLAS PARK, FL 34665

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  Wallis D. Swartz DATE: 4/9/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBBIUS, HAROLD M 11588 SHELLY CIR SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARD I, DOSTER, 7659-18 ST. NORTH ST. PETERBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALLIS D. SWARTZ 7791-55 ST. NORTH PINELLAS PARK, FL 34665
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD OSSMANN, JOHN H 10090 38TH WAY NORTH PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD STINSON, ROBERT A 6584-27 ST N SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD MCCINTYRE, THOMAS M 2201 65TH PLACE NORTH SAINT PETERSBURG, FL 33702

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 04/25/07-80004-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Wallis D. Swartz DATE: 4/9/07 (727) 647-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #