

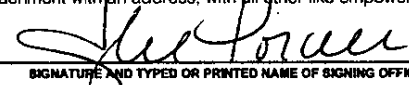


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90106 024 ****61.25

DOCUMENT # 744629					
1. Entity Name STUART POLICE OFFICERS ASSOCIATION, INC.					
Principal Place of Business 830 MARTIN LUTHER KING BLVD P.O. BOX 95-3221 STUART, FL 34994-2408			Mailing Address 830 MARTIN LUTHER KING BLVD P.O. BOX 95-3221 STUART, FL 34994-2408		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2113178	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PORCELLI, JAYLEE 830 MARTIN LUTHER KING BLVD STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  DATE: 1/24/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARNHAM, TAMMY		NAME	Farnham, Tammy	
STREET ADDRESS	830 MARTIN LUTHER KING BLVD		STREET ADDRESS	830 Martin Luther King Blvd	
CITY-ST-ZIP	STUART, FL 349942408		CITY-ST-ZIP	Stuart, FL 34994	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EGBERS, JAMES		NAME		
STREET ADDRESS	830 MARTIN LUTHER KING BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 349942408		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PECCI, WILLIAM		NAME	Ronald Belote	
STREET ADDRESS	830 MARTIN LUTHER KING, JR. BLVD		STREET ADDRESS	830 MLK Blvd	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	Stuart FL 34994	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORCELLI, JAYLEE		NAME		
STREET ADDRESS	830 MARTIN LUTHER KING BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 349942408		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAFF, STEVEN		NAME		
STREET ADDRESS	830 MARTIN LUTHER KING BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 349942408		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, MARGARET		NAME		
STREET ADDRESS	830 MARTIN LUTHER KING BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 349942408		CITY-ST-ZIP		
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:  DATE: 1/24/07 DAYTIME PHONE #: (772) 220-3923 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					