2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 744629

Entity Name: STUART POLICE OFFICERS ASSOCIATION, INC.

Current Principal Place of Business:

830 MARTIN LUTHER KING BLVD
STUART, FL 349942408

New Principal Place of Business:

Current Mailing Address:

830 MARTIN LUTHER KING BLVD
STUART, FL 349942408

New Mailing Address:

PO BOX 3221
STUART, FL 34995

FEI Number: 59-2113178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORCELLI, JAYLEE
830 MARTIN LUTHER KING BLVD
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	FARNHAM, TAMMY	
Address:	830 MARTIN LUTHER KING BLVD	
City-St-Zip:	STUART, FL 349942408	
Title:	S	( ) Delete
Name:	SCOTT, LISA	
Address:	830 MARTIN LUTHER KING BLVD	
City-St-Zip:	STUART, FL 349942408	
Title:	V	( ) Delete
Name:	BELOTE, RONALD	
Address:	830 MLK BLVD	
City-St-Zip:	STUART, FL 34994	
Title:	T	( ) Delete
Name:	PORCELLI, JAYLEE	
Address:	830 MARTIN LUTHER KING BLVD	
City-St-Zip:	STUART, FL 349942408	
Title:	D	( ) Delete
Name:	GRAFF, STEVEN	
Address:	830 MARTIN LUTHER KING BLVD	
City-St-Zip:	STUART, FL 349942408	
Title:	D	( ) Delete
Name:	SCHWARTZ, MARGARET	
Address:	830 MARTIN LUTHER KING BLVD	
City-St-Zip:	STUART, FL 349942408	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	MCLAIN, GEORGE	
Address:	830 MARTIN LUTHER KING BLVD	
City-St-Zip:	STUART, FL 349942408	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	BRIGLIA, NICHOLAS	
Address:	830 MLK BLVD	
City-St-Zip:	STUART, FL 34994	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: JAYLEE PORCELLI T 03/19/2009
Electronic Signature of Signing Officer or Director — Date