

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 746038

1. Entity Name
FLORIDA POLYGRAPH ASSOCIATION, INC.



Principal Place of Business
30 IRIS LANE
DEBARY, FL 32713-0165

Mailing Address
P.O. BOX 530279
DEBARY, FL 32753-0279 US



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1965454	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THORPE, JOHN
30 IRIS LANE
DEBARY, FL 32713

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**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	T THORPE, JOHN 30 IRIS LANE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANIER, ARNOLD 900 SUMMIT STREET WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEY, M.L. RANDY 4211 LOIS AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODING, SCOTT 100 SW 3RD ST POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, RICHARD 14916 NEWPORT ROAD CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINDER, TAMMY 1767 HERMITAGE BLVD #12301 TALLAHASSEE, FL 32308

U00000583635
01/12/07-80004-025 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Thorpe - **JOHN T THORPE** 01/08/07 386-868-8236