2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# 757469

Entity Name: OKEECHOBEE AUXILIARY POLICE, INC.

Current Principal Place of Business:

50 SE 2ND AVE.
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

50 SE 2ND AVE.
OKEECHOBEE, FL 34974 US

New Mailing Address:

FEI Number: 59-6000393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAGEN, DONALD
50 SE 2ND AVE.
OKEECHOBEE, FL 34974 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: PD ( ) Delete
Name: GAMIOTEA, JAMES C
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: V ( ) Delete
Name: CASSIAN, BILL
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: VD ( ) Delete
Name: CASIAN, WILLIAM
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: T ( ) Delete
Name: BERNST, JUSTIN S
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GAMIOTEA, JAMES C
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: V (X) Change ( ) Addition
Name: CASIAN, WILLIAM R
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: S (X) Change ( ) Addition
Name: CASIAN, WILLIAM R
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: T (X) Change ( ) Addition
Name: BATCHELOR, CRAIG
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Change (X) Addition
Name: WATSON, RONALD
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM R CASIAN VD 07/05/2005
Electronic Signature of Signing Officer or Director — Date