2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2011
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 ( )**

Name and Address of Current Registered Agent:

BURNST, JUSTIN E SGT.
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: LT.
Name: CASIAN, WILLIAM R LT.
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: SGT
Name: ALMAZAN, ORILIO SGT.
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: CPL.
Name: GWALTNEY, MEGAN CPL.
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: T
Name: GAMIOTEA, JAMIE A SGT
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: D
Name: CASIAN, WILLIAM R LT
Address: 50 SE 2ND AVE.
City-St-Zip: OKEECHOBEE, FL 34974

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. CASIAN LT. 05/26/2011

Electronic Signature of Signing Officer or Director — Date