


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90342 039 ****61.25

DOCUMENT # 757716					
1. Entity Name FLORIDA ASSOCIATION OF SCHOOL RESOURCE OFFICERS, INC.					
Principal Place of Business 107 MORNINGSIDE DR SUITE A LAKELAND, FL 33803 US			Mailing Address PO BOX 151 LAKELAND, FL 33802 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2289759	
Zip		Country		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		
WARREN, KIRK S. MORNINGSIDE DR SUITE A LAKELAND, FL 33803			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 PPD NAME MORT, GEORGE C STREET ADDRESS 2249 EASTMEADOWS CT. CITY-ST-ZIP LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete		TITLE General Counsel NAME Kirk S. Warren STREET ADDRESS 107 Morningside Drive, Suite A CITY-ST-ZIP Lakeland, Florida 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME TRICQUET, ROBERT STREET ADDRESS 2825 MUNICIPAL WAY CITY-ST-ZIP TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME STRIPLING, KEVIN STREET ADDRESS 800 SE MONTEREY RD. CITY-ST-ZIP WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MORT, KAREN STREET ADDRESS 2249 EASTMEADOWS CT. CITY-ST-ZIP LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Ott, Stella STREET ADDRESS 477 Merrimac Drive CITY-ST-ZIP Port Orange, FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME BREWER, ED STREET ADDRESS 3330 FOREST HILL BLVD SUITE B-127 CITY-ST-ZIP WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Perez, Walter STREET ADDRESS 1000 Bush Blvd. CITY-ST-ZIP Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME MEEKS, JAMES R STREET ADDRESS 2825 MUNICIPAL WAY CITY-ST-ZIP TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <i>Kirk S. Warren</i> 4/24/08 913-188-3422					