2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#757716

FILED Apr 09, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF SCHOOL RESOURCE OFFICERS, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	IINGSIDE DR					
SUITE A _AKELAN[D, FL 33803	US				
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 1: _AKELANI	51 D, FL 33802	US				
El Number:	59-2289759	FEI Number Applied For ()	El Number Not App	licable () Certificate of Status I	Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Ag	ent:	
	SIDE DR SUIT	E A US				
	named entity s e of Florida.	ubmits this statement for the purpo	ose of changing i	ts registered office or registered a	gent, or both,	
SIGNATUR						
	Electroni	ic Signature of Registered Agent		Date		
OFFICERS	S AND DIRECT	rors:	ADDITION	IS/CHANGES TO OFFICERS AN	D DIRECTORS:	
Γitle:	GC ()	Delete	Title:	() Change () Addition		
Name: Address:	WARREN, KIRK 107 MORNINGS LAKELAND, FL	S IDE DR STE A	Name: Address: City-St-Zip:	() Change () Addition		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WARREN, KIRK 107 MORNINGS LAKELAND, FL	S IDE DR STE A 33803 Delete BERT L WAY	Name: Address:	PD (X) Change () Addition STRIPLING, KEVIN 800 SE MONTEREY ROAD STUART, FL 34996		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	WARREN, KIRK 107 MORNINGS LAKELAND, FL PD () TRICQUET, ROE 2825 MUNICIPA TALLAHASSEE, VD () STRIPLING, KE' 800 SE MONTE	S IDE DR STE A 33803 Delete BERT L WAY FL 32304 Delete	Name: Address: City-St-Zip: Title: Name: Address:	PD (X) Change () Addition STRIPLING, KEVIN 800 SE MONTEREY ROAD		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Address:	WARREN, KIRK 107 MORNINGS LAKELAND, FL PD () TRICQUET, ROI 2825 MUNICIPA TALLAHASSEE, VD () STRIPLING, KE' 800 SE MONTEI WEST PALM BE	S IDE DR STE A 33803 Delete BERT L WAY FL 32304 Delete VIN REY RD. EACH, FL 33406 Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	PD (X) Change () Addition STRIPLING, KEVIN 800 SE MONTEREY ROAD STUART, FL 34996 VD (X) Change () Addition MEEKS, JAMES 2825 MUNICIPAL WAY		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Address:	WARREN, KIRK 107 MORNINGS LAKELAND, FL PD () TRICQUET, ROE 2825 MUNICIPA TALLAHASSEE, VD () STRIPLING, KE' 800 SE MONTE! WEST PALM BE T () OTT, STELLA 477 MERRIMAC PORT ORANGE	S IDE DR STE A 33803 Delete BERT L WAY FL 32304 Delete VIN REY RD. EACH, FL 33406 Delete DR , FL 32127 Delete R //D	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD (X) Change () Addition STRIPLING, KEVIN 800 SE MONTEREY ROAD STUART, FL 34996 VD (X) Change () Addition MEEKS, JAMES 2825 MUNICIPAL WAY TALLAHASSEE, FL 32303		

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: KIRK S. WARREN GC 04/09/2009