2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 760203

Entity Name: SOUTHWEST FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

2075 MAIN ST., SUITE #4
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2075 MAIN ST., SUITE #4
SARASOTA, FL 34237

New Mailing Address:

300 EAST BREVARD STREET
TALLAHASSEE, FL 32301

FEI Number: 59-1692371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCHALE, MICHAEL T
2075 MAIN ST
SUITE 4
SARASOTA, FL 34237 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: MCHALE, MICHAEL
Address: 2075 MAIN ST., SUITE 4
City-St-Zip: SARASOTA, FL 34237

Title: 1VP ( ) Delete
Name: PEARSON, KENNETH
Address: 1707 SOUTHWOOD ST.
City-St-Zip: SARASOTA, FL 34231

Title: 2VP ( ) Delete
Name: FITZPATRICK, ED
Address: 365 WOODVALE DR
City-St-Zip: VENICE, FL 34293

Title: TRS ( ) Delete
Name: STELLA, THOMAS
Address: 2520 YUMA AVE
City-St-Zip: NORTH PORT, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MM PRES 01/15/2009

Electronic Signature of Signing Officer or Director — Date