2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# 760564

Entity Name: COASTAL FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

1660 TOMOKA FARMS ROAD
PORT ORANGE, FL 321283720 US

New Principal Place of Business:

Current Mailing Address:

1660 TOMOKA FARMS ROAD
PORT ORANGE, FL 321283720 US

New Mailing Address:

FEI Number: 59-1740482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MCGUIRE, PATRICK L JR
1660 TOMOKA FARMS ROAD
PORT ORANGE, FL 321283720 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:	P	( ) Delete
Name:	CHAMPION, VINCENT	
Address:	1660 TOMOKA FARMS RD	
City-St-Zip:	PORT ORANGE, FL 321283720 US	
Title:	V	( ) Delete
Name:	ROCQUE, JAMES	
Address:	1660 TOMOKA FARMS ROAD	
City-St-Zip:	PORT ORANGE, FL 321283720 US	
Title:	S/T	( ) Delete
Name:	JAKOVENKO, JOHN	
Address:	1660 TOMOKA FARMS ROAD	
City-St-Zip:	PORT ORANGE, FL 321283720 US	
Title:	D	( ) Delete
Name:	MCGUIRE, JR., PATRICK L	
Address:	1606 TOMOKA FARMS ROAD	
City-St-Zip:	PORT ORANGE, FL 321283720 US	
Title:	V	( ) Delete
Name:	BORELLI, JOSEPH	
Address:	1660 TOMOKA FARMS ROAD	
City-St-Zip:	PORT ORANGE, FL 321283720 US	
Title:	V	( ) Delete
Name:	PIKUS, SCOTT	
Address:	1660 TOMOKA FARMS ROAD	
City-St-Zip:	PORT ORANGE, FL 321283720 US	

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:	
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 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: VINCENT L. CHAMPION P 05/01/2006

Electronic Signature of Signing Officer or Director — Date