

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90418 043 \*\*\*\*70.00

<b>DOCUMENT # N01000005308</b> 1. Entity Name <b>FLORIDA CRIME AND INTELLIGENCE ANALYST ASSOCIATION, INC.</b>					
Principal Place of Business <b>8 N STEWART AVE KISSIMMEE POLICE DEPT KISSIMMEE, FL 34741</b>			Mailing Address <b>4055 41ST AVENUE VERO BEACH, FL 32960</b>		
2. Principal Place of Business <b>501 E Bay Street</b> Suite, Apt. #, etc. <b>Rm 216H</b>		3. Mailing Address <b>501 E Bay Street</b> Suite, Apt. #, etc. <b>Rm 216H</b>			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>59-3736921</b>	
Zip <b>32202</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POOLE, KIMBERLY 4055 41ST AVENUE VERO BEACH, FL 32960</b>				7. Name and Address of New Registered Agent Name <b>Jackson, Ericka C</b> Street Address (P.O. Box Number is Not Acceptable) <b>721 NW 6th Street</b> City <b>Gainesville</b> <b>FL</b> <b>32602</b>	
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 <b>Ericka C. Jackson</b> Secretary <i>Ericka C. Jackson</i> <b>4/6/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LEWIS, METRE L</b> <b>8 N STEWART AVE</b> <b>KISSIMMEE, FL 34741</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T/D</b> <b>Lewis, Metre L</b> <b>8 N Stewart Avenue</b> <b>Kissimmee, FL 34741</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FAIRCHILD, JANET</b> <b>600 BANYAN BLVD</b> <b>W PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V/D</b> <b>Fairchild, Janet</b> <b>600 Banyan Blvd.</b> <b>W-Palm Beach, FL 34401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>EAVES, SHARON</b> <b>1300 W BROWARD BLVD</b> <b>FT LAUDERDALE, FL 333121699</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/D</b> <b>Belladin, Stacy</b> <b>501 E Bay Street, Rm 216H</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>POOLE, KIM</b> <b>4055 41ST AVE</b> <b>VERO BEACH, FL 329601808</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S/D</b> <b>Jackson, Ericka C</b> <b>721 NW 6th Street</b> <b>Gainesville, FL 32602</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V/D</b> <b>Rollerson, Carmanita</b> <b>501 E Bay Street, Rm 216H</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Jocelyn, Tishie</b> <b>10750 Ulmerton Rd.</b> <b>Largo, FL 33778</b> <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE: Metre L Lewis, Metre L Lewis</b> <b>4/26/06</b> (407) 847-0176x3256 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					