2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N01000005308

Entity Name: FLORIDA CRIME AND INTELLIGENCE ANALYST ASSOCIATION, INC.

Current Principal Place of Business:

300 W ATLANTIC AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

300 W ATLANTIC AVE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 59-3736921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SABBIDES, KRISTI A
10750 ULMERTON RD
LARGO, FL 33778 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: TD ( ) Delete
Name: SMITH, EDWARD
Address: 300 W ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: VD ( ) Delete
Name: ROLLERSON, CARMANITA
Address: 501 E BAY ST RM 216H
City-St-Zip: GAINESVILLE, FL 32602

Title: SD ( ) Delete
Name: SABBIDES, KRISTI A
Address: 10750 ULMERTON RD
City-St-Zip: LARGO, FL 33778

Title: VD ( ) Delete
Name: LIVINGSTON, JONI
Address: 1400 CENTRE PARK BLVD STE 800
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: JOCELYN, TISHIE
Address: 10750 ULMERTON RD
City-St-Zip: LARGO, FL 33778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: CANCEL, NANCY
Address: 100 BUSCH BOULEVARD
City-St-Zip: SANFORD, FL 32773

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

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

Title: D (X) Change ( ) Addition
Name: LOVETTE, SHEENA
Address: 2500 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32804

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: KRISTI A SABBIDES MS. 04/20/2009

Electronic Signature of Signing Officer or Director — Date