2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# N01000006386

Entity Name: FLORIDA HOMICIDE INVESTIGATORS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 17242
CLEARWATER, FL 33762

New Principal Place of Business:

7700 59TH STREET NORTH
PINELLAS PARK, FL 33781

Current Mailing Address:

PO BOX 17242
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 59-3743656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREWS, PAUL J
7700 59 ST NORTH
PINELLAS PARK, FL 33781 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: DS ( ) Delete
Name: MARTIN, DIANE
Address: P.O. BOX 17242
City-St-Zip: CLEARWATER, FL 33762

Title: DP ( ) Delete
Name: ANDREWS, PAUL J
Address: P.O. BOX 17242
City-St-Zip: CLEARWATER, FL 33762

Title: DT ( ) Delete
Name: SPELMAN, LAURA
Address: P.O. BOX 17242
City-St-Zip: CLEARWATER, FL 33762

Title: DV ( ) Delete
Name: SCHOCK, ROBERT
Address: P.O. BOX 17242
City-St-Zip: CLEARWATER, FL 33762

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 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: LAURA SPELMAN DT 01/30/2007

Electronic Signature of Signing Officer or Director — Date