

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90039 043 ****61.25

DOCUMENT # N02000001097

1. Entity Name

PASCO COUNTY SHERIFF'S LAW ENFORCEMENT
CITIZEN ACADEMY ALUMNI ASSOCIATION, INC.



Principal Place of Business

8700 CITIZENS DR.
NEW PORT RICHEY FL 34654

Mailing Address

8700 CITIZENS DR.
NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0382443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEDE, DAN
8700 CITIZENS DR.
NEW PORT RICHEY FL 34654

RECEIVED
MAR 19 2004
Training

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PHELAN, PATRICK ☒ Delete
STREET ADDRESS 1803 BROADLEAF CT.
CITY-ST-ZIP NEW PORT RICHEY FL 34655-4950

TITLE CP
NAME HARRY, DALVINE ☐ Delete
STREET ADDRESS 2938 BILLINGHAM DR.
CITY-ST-ZIP LAND-O LAKES FL

TITLE SD
NAME GROMES, BARBARA ☒ Delete
STREET ADDRESS 12846 OAK CT.
CITY-ST-ZIP SAN ANEPOIPI FL

TITLE TD
NAME MCCONNELL, FRANK ☐ Delete
STREET ADDRESS 8904 BARN OWL CT.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition
NAME DAVE FILLHRT
STREET ADDRESS 6062 JESSUP DR.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE PD ☒ Change ☐ Addition
NAME HARRY DALVINE
STREET ADDRESS 2938 BILLINGHAM DR.
CITY-ST-ZIP LAND-O LAKES FL 34639

TITLE SD ☐ Change ☒ Addition
NAME CAROLYN LODGE
STREET ADDRESS 6326 GENTLE BEN CIRCLE
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Franklin J. McConnell* FRANKLIN J. MCCONNELL 2 MAR 04 727-842-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #