

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90289 041 \*\*\*\*61.25

<b>DOCUMENT # N02000001097</b>					
<b>1. Entity Name</b> PASCO COUNTY SHERIFF'S LAW ENFORCEMENT CITIZEN ACADEMY ALUMNI ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8700 CITIZENS DR. NEW PORT RICHEY, FL 34654			<b>Mailing Address</b> 8700 CITIZENS DR. NEW PORT RICHEY, FL 34654		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 03-0382443	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DEDE, DAN 8700 CITIZENS DR. NEW PORT RICHEY, FL 34654			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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.</b>					
SIGNATURE _____ <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</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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>		
<b>TITLE</b> VP	<b>NAME</b> FILLKRT, DAVE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> P/D	<b>NAME</b> RICHARD WHYBREW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6062 JESSUP DR.	CITY-ST-ZIP ZEPHYRHILLS, FL 33540		<b>STREET ADDRESS</b> 11636 FOX RUN	CITY-ST-ZIP PORT RICHEY, FL 34668	
<b>TITLE</b> PD	<b>NAME</b> HARRY, DALVINE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> V/D	<b>NAME</b> DAVE FILLHART	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2938 BILLINGHAM DR.	CITY-ST-ZIP LAND O LAKES, FL 34639		<b>STREET ADDRESS</b> 6062 JESSUP DR.	CITY-ST-ZIP ZEPHYRHILLS, FL 33540	
<b>TITLE</b> SD	<b>NAME</b> LODGE, CAROLYN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S/D	<b>NAME</b> CHRISTINE SCHNAPP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6326 GENTLE BEN CIR.	CITY-ST-ZIP WESLEY CHAPEL, FL 33544		<b>STREET ADDRESS</b> 11621 FOX RUN	CITY-ST-ZIP PORT RICHEY, FL 34658	
<b>TITLE</b> TD	<b>NAME</b> MCCONNELL, FRANK	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> T/D	<b>NAME</b> WILLIAM S. COE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8904 BARN OWL CT.	CITY-ST-ZIP NEW PORT RICHEY, FL 34654		<b>STREET ADDRESS</b> 2553 TIMACQUA DR.	CITY-ST-ZIP HOLIDAY, FL 34691	
<b>TITLE</b> NAME	STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME	STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME	STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME	STREET ADDRESS CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> WILLIAM S. COE			4/15/2005 787-943-9901		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					