


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90314 031 \*\*\*\*61.25

<b>DOCUMENT # N02000001097</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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DEDE, DAN</b> <b>8700 CITIZENS DR.</b> <b>NEW PORT RICHEY, FL 34654</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHYBREW, RICHARD		NAME	BALMER, GEORGE	
STREET ADDRESS	11636 FOX RUN		STREET ADDRESS	17613 NELSON RD	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FILLHART, DAVE		NAME	TAYLOR, JOHN M	
STREET ADDRESS	6062 JESSUP DR		STREET ADDRESS	23745 OAKSIDE BLVD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540		CITY-ST-ZIP	LUTZ, FL 33559	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNAPP, CHRISTINE		NAME	GARDNER, MARILYN	
STREET ADDRESS	11631 FOX RUN		STREET ADDRESS	2642 BILKINGHAM DR	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	LAND O' LAKES, FL 34639	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COE, WILLIAM S		NAME		
STREET ADDRESS	2553 TIMAQUA DR		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34691		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: WILLIAM S. COE</b> <i>William S. Coe</i> <b>7-10-06 727-942-9901</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					