


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90182 006 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0382443	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEDE, DAN 8700 CITIZENS DR. NEW PORT RICHEY, FL 34654			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME BALMER, GEORGE	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME OBERHAUSER, KARL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 17613 NELSON RD			STREET ADDRESS 10341 CHOICE DR		
CITY-ST-ZIP SPRING HILL, FL 34610			CITY-ST-ZIP PORT RICHEY, FL 34668		
TITLE VD	NAME TAYLOR, JOHN M	<input checked="" type="checkbox"/> Delete	TITLE VD	NAME GARDNER, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 23745 OAKSIDE BLVD			STREET ADDRESS 2642 BILLINGHAM DR		
CITY-ST-ZIP LUTZ, FL 33559			CITY-ST-ZIP LAND O LAKES, FL 34639		
TITLE SD	NAME GARDNER, MARILYN	<input type="checkbox"/> Delete	TITLE 	NAME 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2642 BILLINGHAM DR			STREET ADDRESS 2642 BILLINGHAM DR		
CITY-ST-ZIP LAND O LAKES, FL 34639			CITY-ST-ZIP 		
TITLE TD	NAME COE, WILLIAM S	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2553 TIMAQUA DR			STREET ADDRESS 		
CITY-ST-ZIP HOLIDAY, FL 34691			CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u>William S. COE</u> <u>WILLIAM S. COE</u> <u>4/24/07</u> <u>732-943-9901</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					