2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N02000001908

Entity Name: LEE COUNTY DEPUTY SHERIFF'S ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LANE #49
FORT MYERS, FL 33907

New Principal Place of Business:

24370 SANDPIPER ISLE WAY
205
BONITA SPRINGS, FL 34136

Current Mailing Address:

P.O. DRAWER 2736
FORT MYERS, FL 33902

New Mailing Address:

P.O. BOX 366398
BONITA SPRINGS, FL 34136

FEI Number: 73-1643163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMART, GERALD G
18520 TELEGRAPH CREEK LANE
ALVA, FL 33920 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:	PD	( ) Delete
Name:	O'ROURKE, B. PAT	
Address:	2180 WEST FIRST ST., STE. 306	
City-St-Zip:	FT. MYERS, FL 33901	
Title:	D	( ) Delete
Name:	WOOD, JAMES D	
Address:	2472 FOWLER ST	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	TD	( ) Delete
Name:	SMART, GERALD G	
Address:	12734 KENWOOD LANE, STE. 49	
City-St-Zip:	FT. MYERS, FL 33907	
Title:	S	( ) Delete
Name:	CICONE, JOANN	
Address:	3405 HANCOCK BRIDGE PARKWAY	
City-St-Zip:	NORTH FORT MYERS, FL 33903	
Title:	D	( ) Delete
Name:	FAUST, JAYNE	
Address:	8695 COLLEGE PKWY, STE 103	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	V	( ) Delete
Name:	MERE, TOM	
Address:	1555 NO. TAMIAMI TRAIL	
City-St-Zip:	NORTH FORT MYERS, FL 33903	

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:	
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 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: B PAT O'ROURKE PD 06/16/2009

Electronic Signature of Signing Officer or Director — Date