2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000006017

1. Entity Name
CENTRAL FLORIDA CODE ENFORCEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 ALEXANDRIA BLVD. OVIEDO, FL 32756	400 ALEXANDRIA BLVD. OVIEDO, FL 32756

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03012006 No Chg NP CR2E037 (11/05)

4. FEI Number
75-3055713

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'ROURKE, SHAWN
400 ALEXANDRIA BLVD.
OVIEDO, FL 32756

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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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when name changed)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000502384
04/26/06-80013-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	O'ROURKE, SHAWN
STREET ADDRESS	400 ALEXANDRIA BLVD.
CITY-ST-ZIP	OVIEDO, FL 32756
TITLE	T
NAME	ALEXANDER, DUREE
STREET ADDRESS	105 POLK AVENUE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	VP
NAME	COOK, JIMETTE
STREET ADDRESS	95 TRIPLET LAKE DRIVE
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	SD
NAME	HAUSER, JOE
STREET ADDRESS	2725 FRAN JAMISON WAY
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	HAROLD, MARK
STREET ADDRESS	2725 FRAN JAMISON WAY
CITY-ST-ZIP	MELBOURNE, FL 3290
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Shawn E. O'Rourke 3-7-06 407-977-6041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #