2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State
05-22-2007 90018 027 ****61.25

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

05152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
225 NEWBURY PORT AV	1213 OXFORD WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS, FL	City & State: COCOA, FL
Zip: 32701 Country: SEMINOLE	Zip: 32922 Country: BREVARD

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	7. Name and Address of New Registered Agent
O'ROURKE, SHAWN 400 ALEXANDRIA BLVD. OVIEDO, FL 32756	Name: DUREE ALEXANDER Street Address (P.O. Box Number is Not Acceptable): 1213 OXFORD WAY City: COCOA FL Zip Code: 32922

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: Duree Alexander 5/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD O'ROURKE, SHAWN 400 ALEXANDRIA BLVD. OVIEDO, FL 32756	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT – P GARCIA, HECTOR 225 NEWBURY PORT AV. ALTAMONTE SPRINGS, FL 32701	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALEXANDER, DUREE 105 POLK AVENUE CAPE CANAVERAL, FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COOK, JIMETTE 95 TRIPLET LAKE DRIVE CASSELBERRY, FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT – V P LEIGH, DEBORAH SNP - DISTRICT 3 100 BUSH BLVD SANFORD, FL 32773	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAUSER, JOE 2725 FRAN JAMISON WAY MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAUSER, JOE 2725 FRAN JAMEISON WAY MELBOURNE, FL 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAROLD, MARK 2725 FRAN JAMISON WAY MELBOURNE, FL 3290	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAROLD, MARK 2725 FRAN JAMEISON WAY MELBOURNE, FL 32940	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Duree Alexander 5/15/07 3218681222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #