2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# N02000006017

Entity Name: CENTRAL FLORIDA CODE ENFORCEMENT ASSOCIATION, INC.

Current Principal Place of Business:

225 NEWBURY PORT AV
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

2345 PROVIDENCE BLVD.
DELTONA, FL 32725

Current Mailing Address:

1213 OXFORD WAY
COCOA, FL 32922

New Mailing Address:

FEI Number: 75-3055713 **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:

ALEXANDER, DUREE
1213 OXFORD WAY
COCOA, FL 32922 US

Name and Address of New Registered Agent:

ALEXANDER, DUREE B
1213 OXFORD WAY
COCOA, FL 32922 US

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: DUREE B. ALEXANDER 05/15/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GARCIA, HECTOR
Address: 225 NEWBURY PORT AV.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T ( ) Delete
Name: ALEXANDER, DUREE
Address: 105 POLK AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP ( ) Delete
Name: LEIGH, DEBORAH
Address: SNP-DISTRICT 3, 100 BUSH BLVD.
City-St-Zip: MELBOURNE, FL 32940

Title: SD ( ) Delete
Name: HAUSER, JOE
Address: 2725 FRAN JAMEISON WAY
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete
Name: HAROLD, MARK
Address: 2725 FRAN JAMEISON WAY
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GARCIA, HECTOR
Address: 2345 PROVIDENCE BLVD.
City-St-Zip: DELTONA, FL 32725

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: KERR, JENNIFER
Address: 2725 FRAN JAMEISON WAY
City-St-Zip: MELBOURNE, FL 32940

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: DUREE B. ALEXANDER T 05/15/2008
Electronic Signature of Signing Officer or Director Date