2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N03000000348

Entity Name: PROPERTY & EVIDENCE ASSOCIATION OF FLORIDA INC.

Current Principal Place of Business:

P.O. BOX 20502
TAMPA, FL 336220502

New Principal Place of Business:

7474 UTILITIES RD
PUNTA GORDA, FL 33982

Current Mailing Address:

P.O. BOX 20502
TAMPA, FL 336220502

New Mailing Address:

P.O. BOX
20502
TAMPA, FL 336220502

FEI Number: 55-0823804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAXER, LEANNA O
7474 UTILITIES RD.
PUNTA GORDA, FL 33982 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: VD ( ) Delete
Name: DONALDSON, CHARLES
Address: 180 108TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD ( ) Delete
Name: SAXER, LEANNA
Address: 7474 UTILITIES RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: D ( ) Delete
Name: SCHMIDT, PAMELA
Address: 5650 NORTH PORT BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: P ( ) Delete
Name: ADAMS, THERESA A
Address: 4211 N. LOIS AVE.
City-St-Zip: TAMPA, FL 33614

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: P (X) Change ( ) Addition
Name: ADAMS, THERESA
Address: 4211 N. LOIS AVE.
City-St-Zip: TAMPA, FL 33614

Title: S ( ) Change (X) Addition
Name: MCNEILL, ANGELA
Address: 7474 UTILITIES ROAD
City-St-Zip: PUNTA GORDA, FL 33982

Title: D ( ) Change (X) Addition
Name: BELL, CONNIE
Address: 4211 N. LOIS AVE.
City-St-Zip: TAMPA, FL 33614

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: LEANNA SAXER TD 02/04/2009
Electronic Signature of Signing Officer or Director — Date