

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N03000001887**  
1. Entry Name  
**HOLLYWOOD POLICE ALUMNI ASSOCIATION, INC.**

Principal Place of Business <b>5 BLUE BEECH COURT HOMOSASSA FL 34446-5117</b>	Mailing Address <b>5 BLUE BEECH COURT HOMOSASSA FL 34446-5117</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number <b>57-1158065</b>	Applied For <input type="checkbox"/> Not Applicable
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**6. Name and Address of Current Registered Agent**

**HYNDS, RICHARD N  
5 BLUE BEECH COURT  
HOMOSASSA FL 34446-5117**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 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	
TITLE	PD <input type="checkbox"/> Delete NAME: HYNDS, RICHARD N STREET ADDRESS: 5 BLUE BEECH COURT CITY-STATE-ZIP: HOMOSASSA FL 34446-5117
TITLE	VD <input type="checkbox"/> Delete NAME: HARMS, WILLIAM STREET ADDRESS: 5 BLUE BEECH COURT CITY-STATE-ZIP: HOMOSASSA FL 34446-5117
TITLE	SD <input type="checkbox"/> Delete NAME: HARMS, JEAN STREET ADDRESS: 5 BLUE BEECH COURT CITY-STATE-ZIP: HOMOSASSA FL 34446-5117
TITLE	TD <input type="checkbox"/> Delete NAME: HYNDS, M. ARLISS STREET ADDRESS: 5 BLUE BEECH COURT CITY-STATE-ZIP: HOMOSASSA FL 34446-5117
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000601807 01/26/07-80064-012 61.25
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Richard N. Hynds

01-18-07 352-382-5592