

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001887

FILED
Feb 17, 2009
Secretary of State

Entity Name: HOLLYWOOD POLICE ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

5 BLUE BEECH COURT
HOMOSASSA, FL 344465117

New Principal Place of Business:

Current Mailing Address:

5 BLUE BEECH COURT
HOMOSASSA, FL 344465117

New Mailing Address:

FEI Number: 57-1158065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYNDS, RICHARD N
5 BLUE BEECH COURT
HOMOSASSA, FL 344465117 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: PD () Delete
Name: HYNDS, RICHARD N
Address: 5 BLUE BEECH COURT
City-St-Zip: HOMOSASSA, FL 344465117

Title: VD () Delete
Name: HARMS, WILLIAM
Address: 5 BLUE BEECH COURT
City-St-Zip: HOMOSASSA, FL 344465117

Title: SD () Delete
Name: HARMS, JEAN
Address: 5 BLUE BEECH COURT
City-St-Zip: HOMOSASSA, FL 344465117

Title: TD () Delete
Name: HYNDS, M. ARLISS
Address: 5 BLUE BEECH COURT
City-St-Zip: HOMOSASSA, FL 344465117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: COOMBS, THEODORE
Address: 5 BLUE BEECH COURT
City-St-Zip: HOMOSASSA, FL 344465117

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

Title: TD (X) Change () Addition
Name: HARMS, JEAN
Address: 5 BLUE BEECH COURT
City-St-Zip: HOMOSASSA, FL 344465117

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: RICHARD N. HYNDS

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date