2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# N03000002064

Entity Name: PUBLIC SAFETY ACADEMY HOUSING, INC.

Current Principal Place of Business:

444 APPLEYARD DRIVE
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

444 APPLEYARD DRIVE
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 36-4549759 **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:

LAW, WILLIAM D
444 APPLEYARD DRIVE
TALLAHASSEE, FL 32304 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: D ( ) Delete
Name: PAYNE, JOHN
Address: 3016 WINDY HILL LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: SEWELL, JAMES
Address: 2331 PHILLIPS ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: MCARTHUR, STEVE
Address: 373 ROB ROY TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: MURDAUGH, JAMES
Address: 85 ACADEMY DRIVE
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete
Name: LAW, WILLIAM D JR
Address: 444 APPLEYARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: MESSESMITH, FRANK
Address: 444 APPLEYARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: SEWELL, JAMES
Address: 301 2ND STREET, NORTH, UNIT4
City-St-Zip: ST PETERSBURG, FL 33701

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: ( ) 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: JAMES T. MURDAUGH DR. 07/02/2009

Electronic Signature of Signing Officer or Director — Date