


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009213</b> 1. Entity Name <b>HEROES OF THE ST. PETE POLICE, INC.</b>	
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Principal Place of Business <b>C/O GREGORY SHARER &amp; STUART P.A. 100 2ND AVE SOUTH STE 600 ST PETERSBURG, FL 33701</b>	Mailing Address <b>C/O GREGORY SHARER &amp; STUART P.A. 100 2ND AVE SOUTH STE 600 ST PETERSBURG, FL 33701</b>
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04172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0342484</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**NEWMAN, JAMES G  
100 2ND AVENUE SOUTH  
SUITE 600  
ST. PETERSBURG, FL 33701**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee Is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KRISSEMAN, RICHARD 100 2ND AVE SOUTH STE 600 ST PETERSBURG, FL 33701
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT NEWMAN, JAMES G 100 2ND AVE SOUTH STE 600 ST PETERSBURG, FL 33701
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOODWORTH, JUDITH 100 2ND AVE SOUTH STE 600 ST PETERSBURG, FL 33701
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/16/08-80018-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/21/08**  
Date

Daytime Phone #