

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009213

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: HEROES OF THE ST. PETE POLICE, INC.

**Current Principal Place of Business:**

C/O GREGORY SHARER & STUART P.A.  
100 2ND AVE SOUTHWEST STE 600  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GREGORY SHARER & STUART P.A.  
100 2ND AVE SOUTHWEST STE 600  
ST PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 20-0342484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWMAN, JAMES G  
100 2ND AVENUE SOUTH  
SUITE 600  
ST. PETERSBURG, FL 33701 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: DS ( ) Delete  
Name: KRISSEMAN, RICHARD  
Address: 100 2ND AVE SOUTH STE 600  
City-St-Zip: ST PETERSBURG, FL 33701

Title: DVT ( ) Delete  
Name: NEWMAN, JAMES G  
Address: 100 2ND AVE SOUTH STE 600  
City-St-Zip: ST PETERSBURG, FL 33701

Title: DP ( ) Delete  
Name: WOODWORTH, JUDITH  
Address: 100 2ND AVE SOUTH STE 600  
City-St-Zip: ST PETERSBURG, FL 33701

**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:

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 G. NEWMAN

DVT

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date