2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N04000009830

Entity Name: FEDERAL LAW ENFORCEMENT OFFICERS ASSOCIATION, INC.

Current Principal Place of Business:

4445 SUMMER OAK DR
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4445 SUMMER OAK DR
TAMPA, FL 33618

New Mailing Address:

FEI Number: 01-0725003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLISON-COUTO, THOMAS E
4445 SUMMER OAK DR
TAMPA, FL 33618 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:	CEO	( ) Delete
Name:	GONZALEZ, SANDALIO	
Address:	660 S MESA HILLS DR	
City-St-Zip:	EL PASO, TX 79912	
Title:	P	( ) Delete
Name:	GONZALEZ, SANDALIO	
Address:	660 S MESA HILLS DR	
City-St-Zip:	EL PASO, TX 79912	
Title:	VP	( ) Delete
Name:	AMOS, CHAD	
Address:	P O BOX 6302	
City-St-Zip:	MESA, AZ 85216	
Title:	VP	( ) Delete
Name:	ALLISON-COUTO, THOMAS	
Address:	4445 SUMMER OAK DR	
City-St-Zip:	TAMPA, FL 33618	

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS E. ALLISON-COUTO VP 01/06/2005

Electronic Signature of Signing Officer or Director — Date