

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001070

FILED
Apr 28, 2009
Secretary of State

Entity Name: C.O.P.S. SUPPORT ASSOCIATION OF EATON PARK INC.

Current Principal Place of Business:

P.O. BOX 822
EATON PARK, FL 33840

New Principal Place of Business:

2618 EATON AVENUE
BOX 822
EATON PARK, FL 33840

Current Mailing Address:

P.O. BOX 822
EATON PARK, FL 33840

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUGH, DONNA L
2618 EATON AVE
EATON PARK, FL 33840 US

Name and Address of New Registered Agent:

GAUGH, DONNA L
2618 EATON AVE
BOX 822
EATON PARK, FL 33840 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT (X) Delete
Name: CROW, RONALD L.
Address: P.O. BOX 1432, 3132 ATLANTIC AVE.
City-St-Zip: EATON PARK, FL 33840

Title: DP () Delete
Name: GAUGH, DONNA L.
Address: P.O. BOX 13, 2618 EATON AVE.
City-St-Zip: EATON PARK, FL 33840

Title: SD () Delete
Name: SATTERLY, DALA
Address: P.O. BOX 285, 2811 ELLIS AVE.
City-St-Zip: EATON PARK, FL 33840

Title: DVP (X) Delete
Name: PARRISH, BETTY
Address: PO BOX 458-2645 - EATON AVENUE
City-St-Zip: EATON PARK, FL 33840

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP/T (X) Change () Addition
Name: GAUGH, DONNA L.
Address: P.O. BOX 13, 2618 EATON AVE.
City-St-Zip: EATON PARK, FL 33840

Title: SDVP (X) Change () Addition
Name: SATTERLY, DALA
Address: P.O. BOX 285, 2811 ELLIS AVE.
City-St-Zip: EATON PARK, FL 33840

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: DONNA L GAUGH

DP/T

04/28/2009

Electronic Signature of Signing Officer or Director

Date