


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90199 038 \*\*\*\*61.25

<b>DOCUMENT # N05000001970</b>	
1. Entity Name FLORIDA CITIZENS POLICE ACADEMY ASSOCIATION, INC.	

Principal Place of Business C/O PASCO SHERIFF'S OFFICE 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34654	Mailing Address C/O PASCO SHERIFF'S OFFICE 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34654
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2. Principal Place of Business - No P.O. Box # <u>D. Brown / ECPAA, Inc.</u>	3. Mailing Address <u>4239 W. Dorchester Cir</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Citrus Springs</u>	City & State <u>FL Citrus Springs</u>
Zip <u>34433</u>	Zip <u>34433</u>
Country <u>USA</u>	Country <u>USA</u>

6. Name and Address of Current Registered Agent  DEDE, DAN C/O PASCO SHERIFF'S OFFICE 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34654	
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7. Name and Address of New Registered Agent Name <u>Debbie Brown</u> Street Address (P.O. Box Number is Not Acceptable) <u>4239 W. Dorchester Cir</u> City <u>Citrus Springs</u> <u>FL</u> Zip Code <u>34433</u>	
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 <u>D Brown</u>	DATE <u>4-10-07</u>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEDE, DAN 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brian Unmisig 7700 59TH St. North Pinellas Park, FL 33781 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAGGONER, BEVERLY 7700 59TH STREET NORTH PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Laura Heisler 3200 34TH St. South St. Petersburg, FL 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCONNELL, FRANKLIN 8904 BARN OWL COURT NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Debbie Brown 4239 W. Dorchester Cir Citrus Springs, FL <del>33</del> 34433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Gewin 4115 Stag Run Ct. Tallahassee, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leo G.S. Holland 9500 Pines Blvd (CAU) Pembroke Pines, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bonnie McCullough 4015 Lewis Speedway St. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: <u>D Brown</u>	DATE <u>4-10-07</u> DAYTIME PHONE # <u>352-522-0093</u>

ATTACHMENT  
40081587  
#105500001970

Robert

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME STREET ADDRESS CITY - ST - ZIP	Rob McKinney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6118 8th St Zephyrhills, FL 33542
TITLE D NAME STREET ADDRESS CITY - ST - ZIP	Sandra Nasca <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4015 Lewis Speedway St. Augustine, FL 32084
TITLE D NAME STREET ADDRESS CITY - ST - ZIP	A.J. Sandy Sanders <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2507 Timberlake Dr. Orlando, FL 32806
TITLE D NAME STREET ADDRESS CITY - ST - ZIP	Charlene Sanders <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2507 Timberlake Dr. Orlando, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I certify that the information  
signature shall have the same legal effect as if made under oath; that I am an officer or director  
required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

OBrown

4-10-07

DIRECTOR

Date

Daytime Phone