

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007015

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** FBI NATIONAL CITIZENS' ACADEMY ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

18560 N. DALE MABRY HIGHWAY  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

18560 N. DALE MABRY HIGHWAY  
LUTZ, FL 33548

**New Mailing Address:**

**FEI Number:** 20-3269302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WESTER, MEREDITH  
18560 N. DALE MABRY HIGHWAY  
LUTZ, FL 33548 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:** P  
**Name:** MOTZER, EARL  
**Address:** 3505 LOUISVILLE RD  
**City-St-Zip:** SALVISA, KY 40372

**Title:** V  
**Name:** WILLIGER, STEPHEN D  
**Address:** 3900 KEY CENTER 127 PUBLIC SQUARE  
**City-St-Zip:** CLEVELAND, OH 44114

**Title:** S  
**Name:** MITCHELL, BOBBI  
**Address:** 2964 WILLIAMSBRIDGE RD #6C  
**City-St-Zip:** BRONX, NY 10467

**Title:** T  
**Name:** WESTER, MEREDITH  
**Address:** 18560 N. DALE MABRY HIGHWAY  
**City-St-Zip:** LUTZ, FL 33548

I hereby 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 all other like empowered.

**SIGNATURE:** J. MEREDITH WESTER

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03/18/2010

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

\_\_\_\_\_  
Date