2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE

DOCUMENT # N06000001883 FILED ST. JOHNS COUNTY SHERIFF'S OFFICE CIVILIAN LAW 09 AUG -4 PM 4: 32 ENFORCEMENT ACADEMY ALUMNI ASSOCIATION, INC. SECRETARY OF STATE Principal Place of Business Mailing Address 4015 LEWIS SPEEDWAY 2628 GOEDS BELLS AVE TALLAHASSEE, FLORIDA ST. AUGUSTINE, FL 32084 C/O SGT, DOREEN TAYLOR ST. AUGUSTINE, FL 32084 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4015 Lewis Suite, Apt. #, etc. Suite, Apt. #, etc. C/O Sat Applied For 4. FEI Number 20-4308992 City & State City & State 5t, Augustine Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent R. T. Seabrook. NASCA, SANDRA -- Land (0 0 0 . . .) Street 4015 LEWIS SPEEDWAY 242 Cranes Lake Dr. C/O SGT. DOREEN TAYLOR ST. AUGUSTINE, FL 32084 nbe Vedon Box Zip Code 3208 City 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 Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 Florida Department of State corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Addition Delete TITLE PRESIDENT Change TITLE tad Seabrook NAME NASCA, SANDRA NAME 242 Cranes Lake Dr. STREET ADDRESS 299 S. ROSCOE BLVD. STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY+ST-7IP Punta Vedra Bah, FC 32082 Delete VICE PRESIDENT Change Addition TITLE TITLE HORN, PHILLIP III NAME NAME Grove Parks Ch STREET ADDRESS 277 JOHN GLEN DR. STREET ADDRESS JACKSONVILLE, FL 32259 CITY-ST-7IP CITY-ST-7IP Addition Delete SECRETARY Change TITLE TITLE QUATRANO, NANCY Pete Cono HAME MARKE STREET ADDRESS 4625 CEDAR FORD BLVD. STREET ADDRESS CITY-ST-ZIP HASTINGS, FL 32145 CITY-ST-7/P ST. AUGUSTINE Delete TREASUREL ☐ Change Addition TITLE TITLE ELENA HECHT NAME GRANDFIELD, PAT NAME 1026 WHITEHOUSE BLVD. STREET ADDRESS 2629 GORDA BELLA AVE. STREET ADDRESS CITY - ST - ZIP ST. AUGUSTINE, FL 32086 CITY-ST-ZIP ST. AUGUSTINE, FL 32084 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME **8001592367** 08/04/09--01031--002 STREET ADDRESS STREET ADDRESS **122.50 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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