

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90020 039 ****70.00

DOCUMENT # N06000008378

1. Entity Name
**WEST MELBOURNE POLICE DEPARTMENT CITIZEN'S
POLICE ACADEMY ALUMNI ASSOCIATION, INC.**



Principal Place of Business
**2290 MINTON ROAD
WEST MELBOURNE, FL 32904**

Mailing Address
**2290 MINTON ROAD
WEST MELBOURNE, FL 32904**

60023012



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172008 Chg-NP CR2E037 (12/06)

4. FEI Number
74-3186330

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEAL, TAMARA D
2290 MINTON ROAD
WEST MELBOURNE, FL 32904**

Name **JUDITH K. STASSUS**
Street Address (P.O. Box Number is Not Acceptable)
2290 MINTON RD
West Melbourne
City **West Melbourne** FL Zip Code **32904**

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

Judith K. Stassus

04-02-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **TURNER, MARILYN A**
STREET ADDRESS **2646 VINING STREET**
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **PRES.** ☒ Change ☐ Addition
NAME **JUDITH K. STASSUS**
STREET ADDRESS **2442 GLASBERN CIR**
CITY-ST-ZIP **W. MELBOURNE, FL 32904**

TITLE **VD** ☒ Delete
NAME **JONES, TAMARA**
STREET ADDRESS **2649 VINING STREET**
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **BETH CLENDENIN**
STREET ADDRESS **1920 RADNOR DR**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **TD** ☒ Delete
NAME **STASSUS, JUDITH**
STREET ADDRESS **2442 GLASBERN CIRCLE**
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **RICHARD G. STASSUS**
STREET ADDRESS **2442 GLASBERN CIR**
CITY-ST-ZIP **W. MELBOURNE, FL 32904**

TITLE **SD** ☒ Delete
NAME **NEAL, TAMARA D**
STREET ADDRESS **645 WAVESIDE DRIVE**
CITY-ST-ZIP **MELBOURNE, FL 32934**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **HARRIET MIRSADJADI**
STREET ADDRESS **4235 WINDOVER WAY**
CITY-ST-ZIP **W. MELBOURNE, FL 32904**

TITLE **D** ☒ Delete
NAME **CURRY, ANDREW**
STREET ADDRESS **2320 SEMINOLE BLVD**
CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE **TAMARA D. NEAL** ☒ Change ☐ Addition
NAME **TAMARA D. NEAL**
STREET ADDRESS **645 WAVESIDE DR.**
CITY-ST-ZIP **MELBOURNE, FL 32934**

TITLE **D** ☐ Delete
NAME **JONES, ANDREW B**
STREET ADDRESS **2649 VINING ST**
CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Judith K. Stassus

JUDITH K STASSUS

04-02-08

321 726 8046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEE ATTACHED SHEET

ATTACHMENT

60023012
N0600000 8378

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (continued)**

title **D**

name **Ray Huskey**

address **2875 Tuscarora Court**

city-st-zip **West Melbourne, FL 32904**