

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 09, 2009
Secretary of State

DOCUMENT# N06000008378

Entity Name: WEST MELBOURNE POLICE DEPARTMENT CITIZEN'S POLICE ACADEMY ALUMNI ASSOCIATION, INC.**Current Principal Place of Business:**2290 MINTON ROAD
WEST MELBOURNE, FL 32904**New Principal Place of Business:****Current Mailing Address:**2290 MINTON ROAD
WEST MELBOURNE, FL 32904**New Mailing Address:****FEI Number:** 74-3186330**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THOMPSON, WILLIAM J
2116 MARINER PLACE
WEST MELBOURNE, FL 32904 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: VP () Delete
Name: COX, PAUL M
Address: 221 E. HAVEN DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: NEAL, TAMARA D
Address: 645 WAVESIDE DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: JONES, ANDREW B
Address: 2649 VINING ST
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: JONES, TAMARA
Address: 2649 VINING ST
City-St-Zip: WEST MELBOURNE, FL 32904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMPSON, WILLIAM J
Address: 2116 MARINER PLACE
City-St-Zip: MELBOURNE, FL 32904

Title: VP (X) Change () Addition
Name: COX, PAUL M
Address: 221 E. HAVEN DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D (X) Change () Addition
Name: NEAL, TAMARA D
Address: 645 WAVESIDE DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D (X) Change () Addition
Name: JONES, ANDREW B
Address: 2649 VINING ST
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Change (X) Addition
Name: JONES, TAMARA
Address: 2649 VINING ST
City-St-Zip: WEST MELBOURNE, FL 32904

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: WILLIAM J. THOMPSON

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date