

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008485

FILED
Mar 21, 2009
Secretary of State

Entity Name: BORDER PATROL AGENTS RAMOS AND COMPEAN RELIEF FUND INC

Current Principal Place of Business:

9541 PEBBLE GLEN AVENUE
TAMPA, FL 336472436 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47208
TAMPA, FL 33647

New Mailing Address:

FEI Number: 32-0178478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, RICHARD
9541 PEBBLE GLEN AVENUE
TAMPA, FL 336472436 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: DIR () Delete
Name: PIERCE, RICHARD
Address: P.O. BOX 47208
City-St-Zip: TAMPA, FL 33647 US

Title: DIR () Delete
Name: BONNER, TERRENCE
Address: P.O. BOX 678
City-St-Zip: CAMPO, CA 91906 US

Title: DIR () Delete
Name: BRADLEY, JOSEPH
Address: P.O. BOX 2102
City-St-Zip: LAREDO, TX 78044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD PIERCE

D

03/21/2009

Electronic Signature of Signing Officer or Director

Date