

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008767

FILED
Apr 27, 2008
Secretary of State

Entity Name: POLICE ASSISTANCE FUND, INC.

Current Principal Place of Business:

144 RUSTY GANS DRIVE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

1209 E. 15TH STREET
PANAMA CITY, FL 32405

Current Mailing Address:

144 RUSTY GANS DRIVE
PANAMA CITY BEACH, FL 32408

New Mailing Address:

1209 E. 15TH STREET
PANAMA CITY, FL 32405

FEI Number: 26-1213589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN ETTEN, JOHN
144 RUSTY GANS DRIVE
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

OLSON, LAURA
1209 E. 15TH STREET
PANAMA CITY, FL 32405 US

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: LAURA OLSON

04/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BISHOP, DUANE
Address: 2821 CLEARVIEW AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: HALL, JOSEPH
Address: 301 LAKESIDE DRIVE
City-St-Zip: CALLAWAY, FL 32404

Title: D () Delete
Name: OLSON, LAURA
Address: 1307 NEW JERSEY AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: METTILLE, MIKE
Address: 410 GEORGIA AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

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:

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: JOE HALL

PRES

04/27/2008

Electronic Signature of Signing Officer or Director

Date