

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 15, 2009
Secretary of State

DOCUMENT# N07000008982

Entity Name: CENTER FOR LAW ENFORCEMENT TECHNOLOGY, TRAINING & RESEARCH, INC.**Current Principal Place of Business:**12201 RESEARCH PARKWAY
SUITE 223
ORLANDO, FL 32826**New Principal Place of Business:****Current Mailing Address:**12201 RESEARCH PARKWAY
SUITE 223
ORLANDO, FL 32826**New Mailing Address:****FEI Number:** 26-0892010**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STROBRIDGE, MARK D MR.
12201 RESEARCH PARKWAY
SUITE 223
ORLANDO, FL 32826 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: ESLINGER, DONALD F MR.
Address: 100 N BUSH BLVD
City-St-Zip: SANFORD, FL 32773 US**Title:** DIR () Delete
Name: GIAMPAPA, JOSEPH MR.
Address: 12201 RESEARCH PARKWAY, SUITE 501
City-St-Zip: ORLANDO, FL 32826 US**Title:** DIR () Delete
Name: HARMS, ALFRED G MR.
Address: MILLICAN HALL 308, P.O. BOX 160002
City-St-Zip: ORLANDO, FL 32816 US**Title:** DIR () Delete
Name: BERGER, WILLIAM MR.
Address: 130 MALABAR ROAD SE
City-St-Zip: PALM BAY, FL 32907 US**Title:** DIR () Delete
Name: HELLENBRAND, JOSEPH MR.
Address: 650 N. APOLLO BOULEVARD
City-St-Zip: MELBOURNE, FL 32935 US**Title:** OFCR () Delete
Name: STROBRIDGE, MARK D MR.
Address: 12201 RESEARCH PARKWAY, SUITE 223
City-St-Zip: ORLANDO, FL 32826**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:**Title:** DIR (X) Change () Addition
Name: HELLENBRAND, JOSEPH MR.
Address: 445 CHALLENGER ROAD, P.O. BOX 267
City-St-Zip: CAPE CANAVERAL, FL 32920 US**Title:** TRES (X) Change () Addition
Name: FAHLSTROM, MARY MS.
Address: 100 N BUSH BLVD
City-St-Zip: SANFORD, FL 32773

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: MARK STROBRIDGE

RA

10/15/2009

Electronic Signature of Signing Officer or Director

Date