2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# N08000005949

Entity Name: THE FISH AND WILDLIFE LAW ENFORCEMENT EMPLOYEE'S ASSOCIATION, INC.

Current Principal Place of Business:

620 SOUTH MERIDIAN ST.
TALLAHASSEE, FL 32399

New Principal Place of Business:

Current Mailing Address:

620 SOUTH MERIDIAN ST.
TALLAHASSEE, FL 32399

New Mailing Address:

POST OFFICE BOX 3112
TALLAHASSEE, FL 32312

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLWAY, DON
620 SOUTH MERIDIAN ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

SMITH, BETH EXE DIR
620 SOUTH MERIDIAN ST.
TALLAHASSEE, FL 32399 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: BETH SMITH 07/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOLWAY, DON
Address: 620 SOUTH MERIDIAN ST.
City-St-Zip: TALLAHASSEE, FL 32399

Title: D ( ) Delete
Name: THOMPSON, KENT
Address: 620 SOUTH MERIDIAN ST.
City-St-Zip: TALLAHASSEE, FL 32399

Title: D ( ) Delete
Name: ELLINGSEN, DON
Address: 620 SOUTH MERIDIAN ST.
City-St-Zip: TALLAHASSEE, FL 32399

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: BETH SMITH RA 07/06/2009
Electronic Signature of Signing Officer or Director Date