2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State
03-22-2006 90003 025 ****61.25

DOCUMENT # N08804

1. Entity Name
FLORIDA HIGHWAY PATROL RETIRED PERSONNEL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4847 HEATHE DR. TALLAHASSEE, FL 32309-2118 US	4847 HEATHE DR. TALLAHASSEE, FL 32309-2118 US

03122006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COX, JAMES H
4847 HEATHE DR.
TALLAHASSEE, FL 32309-2118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUTHERLAND, DONALD C 12372 CLYDENE COURT JACKSONVILLE, FL 32225	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Henderson,Jr., Joe.R. 1713 Dora Avenue Tallahassee, FL32308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENDERSON, JR., JOE R 1713 DORA AVENUE TALLAHASSEE, FL 32308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Loehlein,Augie A. 9833 SW 61 Court Odala,FL 34476	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST COX, JAMES H 4847 HEATHE DR TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D. Sutherland, Donald C. 12372 Clydene Court Jacksonville, FL 32225	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BOATRIGHT, THOMAS H 10230 SR HWY 441 BELLEVIEW, FL 34420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Walston, Don E. 1919 Quail Court Ft. Pierce, FL 34982	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOEHLEIN, AUGIE A 9833 SW 61 COURT OCALA, FL 34476	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wright, Jimmy C. 10517 Valentivne Road Tallahassee, FL 32317	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D JETER, ROBERT L P.O BOX 57461 ORLANDO, FL 32857	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Conroy, John, A. 1664 Temple Terrace Ft. Myers, FL 33912	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James H. Cox _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #