## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N08804**



## **FILED** Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90028 019 \*\*\*\*61.25

Address (P.O. Box Number is Not Acceptable)  This page is 561.25  Due by May 1, 2008  SIGNATURE  Filling Fee is 561.25  Due by May 1, 2008  The PECCON Compage of Changing As registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent, or both, in the State of Portida. Lent terrallar with, and accept the collegators of registered agent,	FLORIDA HIGHWAY PATROL RETIRED PERSONNEL ASSOCIATION, INC.					V	3-31-2006	20028 0	.19 0.	1.23	
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City & State  Country  S. Certificate of Status Desired   \$8.7 Applied for   Near Applicable   Sea Applied   Sea Appl	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address							
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   Status Desired Agent   Name and Address of New Registered Agent   Name   Status Desired   Status Desired Agent   Name	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01262008 CI	ng-NP	CR2E0	37 (12/ <b>06)</b>		
S. Certicals of Satus Desired   Fee Required   Fee Required		е				4. FEI Number NOT APPLI	CABLE		N	ot Applicable	
COX, JAMES H 4847 HEATHE DR. TALLAHASSEE, FL 32309-2118  TALLAHASSEE, FL 32309-2118  Total control of registered agent.  Total control of	Zip			Country					Fee Require		
Sireet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above name of entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent.)  Signature  Filing Fee is \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  PO FILING FOR IS \$61.25  Due by May 1, 2008  FILING FOR IS \$61.25  Due by May 1, 2008  FILING FOR IS \$61.25  Due by May 1, 2008  FILING FOR IS \$61.25  Due by May 1, 2008  FILING FOR IS \$61.25  Due by May 1, 2008  FILING FOR IS \$61.25  Due by FILING FOR IS \$61.25  Due b		6. Name and Address of Current	Registered Agent	Name		7. Name and Add	ress of New Re	egistered	Agent		
Either Addition  Title  PD  HENDERSON, JOE R JR  TITLE  HENDERSON, JOE R JR  TITLE  LOCALA, F. L. 32308  LOCALA, F. L. 34476  TITLE  DO  LOCALA, F. L. 34476  DO  LOCALA, F.	4847 HEA	THE DR.			ddress (F	P.O. Box Number is I	Not Acceptable	)			
8. The above named entily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.    Signature   Special part   Special pa	TALLAHAS	SSEE, FL 32309-2118						1			
SIGNATURE    Filing Fee is \$61.25   Due by May 1, 2008   Professor agent and 100 f applicable.   Professor agent and 100 f app				City				FL	Zip Cod	de	
Signature   Sign			or the purpose of changing its r	egistered office o	r register	ed agent, or both, in	the State of Flor	rida. I am	familiar with	, and accept	
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Trust Fund Contribution.    Added to Fees   Florida Department of State											
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HENDERSON, JOE R JR 1713 DORA AVE 1714 DORA 1715 DORA						\$5.00 May Be Added to Fees	1	1			
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NAME BOATRIGHT, THOMAS H STREET ADDRESS CITY-ST-ZIP BELLEVIEW, FL 34420  TITLE D Delete TITLE NAME WRIGHT, JIMMY C STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317  TITLE D Delete TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317  TITLE D Delete TITLE NAME JETER, ROBERT L STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32857  TOTAL DELETE D DELETE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32857  TOTAL DELETE D DELETE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32857	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD OFFICERS AND DIE PD HENDERSON, JOE R JR 1713 DORA AVE TALLAHASSEE, FL 32308 VD LOEHLEIN, AUGIE A 9833 SW 61ST CT	Trust Fund Co	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	P <sub>D</sub> Lo	Added to Fees DDITIONS/CHANG Dehlein, B33 SW 61 cala, FL D Wright, 10517 V	Floring Street Florin	RS AND D A.  C.I	rtment of S IRECTORS IF Change	State 10 Addition	
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NAME         JETER, ROBERT L         NAME           STREEF ADDRESS         P.O BOX 57461         STREET ADDRESS           CITY-ST-ZIP         ORLANDO, FL 32857         CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD OFFICERS AND DIE PD HENDERSON, JOE R JR 1713 DORA AVE TALLAHASSEE, FL 32308 VD LOEHLEIN, AUGIE A 9833 SW 61ST CT OCALA, FL 34476 D SUTHERLAND, DONALD C 12372 CLYDENE CT JACKSONVILLE, FL 32225 D BOATRIGHT, THOMAS H 10230 SR HWY 441	Trust Fund Co	ONTRIDUTION.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	PDLG 98 00 VI D Her 17 Ta: D B:	Added to Fees DDDTTONS/CHANG Dehlein, 333 SW 61 Cala, FL D Wright, 10517 V Tallaha Dderson J 13 Dora A 11ahassee ishop, Ca 533 Tenne	Floring Strong S	Colne RoFL 32	TRECTORS IF  Change  Change  Change	State N 10 Addition Addition	
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indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made direct obtain; that it all all 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.

SIC		

James H. Cox
RE AND TYPES OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

# NO8804

Additional Directors, Previously reported

S/T/D Cox, James H. Cox 4847 Heathe Drive Tallahassee, FL 32309

D McDonald, Gordon PO Box 355 Middleburg, FL 32068

D Walston, Don E. 1919 Quail Court Ft. Pierce, FL 34982