

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08804

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** FLORIDA HIGHWAY PATROL RETIRED PERSONNEL ASSOCIATION, INC.

**Current Principal Place of Business:**

4847 HEATHE DR.  
TALLAHASSEE, FL 323092118 US

**New Principal Place of Business:**

**Current Mailing Address:**

4847 HEATHE DR.  
TALLAHASSEE, FL 323092118 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COX, JAMES H  
4847 HEATHE DR.  
TALLAHASSEE, FL 323092118 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: PD ( ) Delete  
Name: LOEHLEIN, AUGIE A  
Address: 9833 SW 61 COURT  
City-St-Zip: OCALA, FL 34476 US

Title: VD ( ) Delete  
Name: WRIGHT, JIMMY C  
Address: 10617 VALENTINE RD. , S.  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D ( ) Delete  
Name: HENDERSON, JOE R  
Address: 1713 DORA AVENUE  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D ( ) Delete  
Name: BOATRIGHT, THOMAS H  
Address: 10230 SR HWY 441  
City-St-Zip: BELLEVIEW, FL 34420 US

Title: D ( ) Delete  
Name: WRIGHT, JIMMY C  
Address: 10517 VALENTINE RD  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D ( ) Delete  
Name: JETER, ROBERT L  
Address: P.O BOX 57461  
City-St-Zip: ORLANDO, FL 32857 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SALZER, AUGIE A  
Address: 85320 CLAXTON ROAD  
City-St-Zip: DUNNELLON, FL 34432 US

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: D (X) Change ( ) Addition  
Name: MCDONALD, GORDON D  
Address: PO BOX 355  
City-St-Zip: MIDDLEBURG, FL 32068 US

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: JAMES H. COX

ST

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date