

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90030 016 ****61.25

DOCUMENT # N09516

1. Entity Name

**THIRD CIRCUIT LAW ENFORCEMENT OFFICERS
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

100 SE COURT ST.
PO DRAWER 1546
LIVE OAK FL 32060
US

100 SE COURT STREET
P. O. DRAWER 1546
LIVE OAK FL 32064
US

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

59-2556360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARVIS, ROBERT L. (SKIP), JR.
100 S. E. COURT STREET
LIVE OAK FL 32060

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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 P ☐ Delete
NAME GRAVES, FRED
STREET ADDRESS RT 27 BOX 24872
CITY-ST-ZIP LAKE CITY FL 32024

TITLE Roy Brown ☐ Change ☒ Addition
NAME 3377 East U.S. Hwy 90
STREET ADDRESS Lake City, FL 32025
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CROSS, SAMMIE
STREET ADDRESS 100 SE COURT STREET
CITY-ST-ZIP LIVE OAK FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MORGAN, KARL
STREET ADDRESS 200 E. GAINS ST
CITY-ST-ZIP TALLAHASSEE FL 32399

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FRED GRAVES
STREET ADDRESS RT. 7 BOX 369 "NA"
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HARDEN, SCOTT
STREET ADDRESS PO BOX 470 "NA"
CITY-ST-ZIP CROSS CITY FL 32628

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sammie Cross* *Sammie Cross* 3-23-06 386.362.2320