

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N09516 1. Entity Name THIRD CIRCUIT LAW ENFORCEMENT OFFICERS ASSOCIATION, INC.	
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Principal Place of Business 100 SE COURT ST. PO DRAWER 1546 LIVE OAK FL 32060 US	Mailing Address 100 SE COURT STREET P. O. DRAWER 1546 LIVE OAK FL 32064 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/06)

4. FEI Number 59-2556360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JARVIS, ROBERT L. (SKIP), JR. 100 S. E. COURT STREET LIVE OAK FL 32060	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete NAME: GRAVES, FRED STREET ADDRESS: RT 27 BOX 24872 CITY-STATE-ZIP: LAKE CITY FL 32024
TITLE	S <input type="checkbox"/> Delete NAME: CROSS, SAMMIE STREET ADDRESS: 100 SE COURT STREET CITY-STATE-ZIP: LIVE OAK FL
TITLE	D <input type="checkbox"/> Delete NAME: MORGAN, KARL STREET ADDRESS: 200 E. GAINS ST CITY-STATE-ZIP: TALLAHASSEE FL 32399
TITLE	D <input type="checkbox"/> Delete NAME: FRED GRAVES STREET ADDRESS: RT. 7 BOX 369 "NA" CITY-STATE-ZIP: LAKE CITY FL
TITLE	D <input type="checkbox"/> Delete NAME: BROWN, ROY STREET ADDRESS: 3377 E US HWY 90 CITY-STATE-ZIP: LAKE CITY FL 32025
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-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 4-9-07 386-362-2320