2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09516

FILED Mar 06, 2009 Secretary of State

Entity Name: THIRD CIRCUIT LAW ENFORCEMENT OFFICERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 100 SE COURT ST. 100 COURT ST., SE LIVE OAK, FL 32064 US LIVE OAK, FL 32064 US **Current Mailing Address: New Mailing Address:** 100 SE COURT ST 100 SE COURT ST., SE LIVE OAK, FL 32064 US LIVE OAK, FL 32064 US FEI Number: 59-2556360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JARVIS, ROBERT L. (SKIP), JR. JARVIS, ROBERT L. (SKIP), JR. 100 COURT ST., SE 100 S. É. COURT STREET LIVE OAK, FL 32060 LIVE OAK, FL 32060 US 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: 03/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GRAVES, FRED RUTHERFORD, TIM Name: Name: RT 27 BOX 24872 Address: P.O. BOX 406 Address: City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: WHITE SPRINGS, FL 32096 Title: () Delete Title: () Change () Addition CROSS, SAMMIE Name: Name: Address: 100 SE COURT STREET Address: City-St-Zip: LIVE OAK, FL City-St-Zip: Title: () Delete Title: () Change () Addition MORGAN, KARL Name: Name: 200 E. GAINS ST Address: Address: City-St-Zip: TALLAHASSEE, FL 32399 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: FRED GRAVES, Name: KITCHINGS, WALLACE 4917 U.S. HWY 90, EAST Address: RT. 7 BOX 369 Address: City-St-Zip: LAKE CITY, FL City-St-Zip: LAKE CITY, FL 32055 Title: () Delete Title: () Change () Addition BROWN, ROY Name: Name: 3377 E US HWY 90 Address: Address: City-St-Zip: LAKE CITY, FL 32025 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: SAMMIE CROSS S 03/06/2009