2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14538

FILED Jan 03, 2007 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF STATE TROOPERS, INC.

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	TA WAY #1 SSEE, FL 323	3034227			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	TA WAY #1 SSEE, FL 323	8034227			
El Number	: 59-2673141	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of N	lew Registered Agent:	
GRISSOM, ANNETTE C MRS 1625 SHAKESPEARE DRIVE FALLAHASSEE, FL 32317 US			315 BEARD STREET	TRAYNHAM, JERRY PA 315 BEARD STREET TALLAHASSEE, FL 32303 US	
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATU		TRAYNHAM, PA		01/03/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	
Fitle: Name: Nddress: Dity-St-Zip:	GRISSOM, MI 1625 SHAKES) Delete CHAEL PEARE DRIVE E, FL 323178121	Title: () Name: Address: City-St-Zip:) Change()Addition	
Fitle: Name: Address: Dity-St-Zip:	KIRBY, MIKE 1161 DOLPHI) Delete N RD F, FL 325336438	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: Dity-St-Zip:	LIDDELL, WÀ 1507 HASOSA		Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: Dity-St-Zip:	REILLY, THO 1575 BLUEFI		Title: () Name: Address: City-St-Zip:) Change ()Addition	
Fitle: Name: Address: City-St-Zip:	T (HINTON, DAN 6110 ASTORI, FT. MYERS, F	A AVE	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Fitle: Name: Address: Dity-St-Zip:	FREAR, HAR	NE SKYWAY LN, 213	Title: () Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL GRISSOM VC 01/03/2007