

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90025 032 ****61.25

DOCUMENT # N14538

1. Entity Name
FLORIDA ASSOCIATION OF STATE TROOPERS, INC.



Principal Place of Business
**2061 DELTA WAY #1
TALLAHASSEE, FL 32303-4227**

Mailing Address
**2061 DELTA WAY #1
TALLAHASSEE, FL 32303-4227**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2673141

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

**TRAYNHAM, JERRY PA
315 BEARD STREET
TALLAHASSEE, FL 32303**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 VC ☒ Delete
NAME GRISSOM, MICHAEL
STREET ADDRESS 1625 SHAKESPEARE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 323178121

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

TITLE C ☐ Delete
NAME KIRBY, MIKE
STREET ADDRESS 1161 DOLPHIN RD
CITY-ST-ZIP CANTONMENT, FL 325336438

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

TITLE S ☐ Delete
NAME LIDDELL, WALTER JR
STREET ADDRESS 1507 HASOSAW NENE
CITY-ST-ZIP TALLAHASSEE, FL 323015829

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

TITLE D ☐ Delete
NAME REILLY, THOMAS
STREET ADDRESS 1575 BLUEFIN DRIVE
CITY-ST-ZIP MARATHON, FL 330502312

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

TITLE T ☐ Delete
NAME HINTON, DANIEL
STREET ADDRESS 6110 ASTORIA AVE
CITY-ST-ZIP FT. MYERS, FL 33905

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

TITLE D ☐ Delete
NAME FREAR, HAROLD
STREET ADDRESS 7520 SUNSHINE SKYWAY LN, 213
CITY-ST-ZIP ST PETE, FL 33711

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 Chapter 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 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/08