

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14538

FILED
Jan 07, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF STATE TROOPERS, INC.

Current Principal Place of Business:

2061 DELTA WAY #1
TALLAHASSEE, FL 323034227

New Principal Place of Business:

Current Mailing Address:

2061 DELTA WAY #1
TALLAHASSEE, FL 323034227

New Mailing Address:

FEI Number: 59-2673141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KIRBY, MIKE
Address: 1161 DOLPHIN RD
City-St-Zip: CANTONMENT, FL 325336438

Title: S () Delete
Name: LIDDELL, WALTER JR
Address: 1507 HASOSAW NENE
City-St-Zip: TALLAHASSEE, FL 323015829

Title: D () Delete
Name: REILLY, THOMAS
Address: 1575 BLUEFIN DRIVE
City-St-Zip: MARATHON, FL 330502312

Title: T () Delete
Name: HINTON, DANIEL
Address: 6110 ASTORIA AVE
City-St-Zip: FT. MYERS, FL 33905

Title: D () Delete
Name: FREAR, HAROLD
Address: 7520 SUNSHINE SKYWAY LN, 213
City-St-Zip: ST PETE, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MIKE KIRBY

C

01/07/2009

Electronic Signature of Signing Officer or Director

Date