

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27506

FILED
Feb 06, 2008
Secretary of State

Entity Name: FLORIDA POLICE ACCREDITATION COALITION, INC.

Current Principal Place of Business:

121 SW PORT LUCIE BLVD
PORT SAINT LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7310
PORT SAINT LUCIE, FL 349857310 US

New Mailing Address:

FEI Number: 65-0110794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, GARY L
121 SW PORT ST LUCIE BOULEVARD
PORT SAINT LUCIE, FL 34984 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: VPD () Delete
Name: WHITE, WANDA
Address: 2935 N L STREET
City-St-Zip: PENSACOLA, FL 32501

Title: PD () Delete
Name: DEGROFF, CHERYL
Address: 2005 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 323996500

Title: VPD () Delete
Name: COCHRAN, MICHAEL
Address: 6279 W OAKLAND PARK BLVD
City-St-Zip: LAUDERHILL, FL 33351

Title: RS () Delete
Name: KIRKPATRICK, SUZANNE
Address: 501 E BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: CS () Delete
Name: JACOBS, TAMMIE
Address: 4980 CITY HALL BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: DT () Delete
Name: ROBINSON, GARY L
Address: 121 SW PORT ST LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34984

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
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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: GARY L. ROBINSON

DT

02/06/2008

Electronic Signature of Signing Officer or Director

Date