2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27506

FILED Apr 06, 2009 Secretary of State

Entity Name: FLORIDA POLICE ACCREDITATION COALITION, INC.

Current Principal Place of Business: New Principal Place of Business:

121 SW PORT LUCIE BLVD

88 WEST MCINTYRE STREET
PORT SAINT LUCIE, FL 34984 US

KEY BISCAYNE, FL 33149 US

Current Mailing Address: New Mailing Address:

PO BOX 7310 POST OFFICE BOX 490560

PORT SAINT LUCIE, FL 349857310 US KEY BISCAYNE, FL 331490560 US

FEI Number: 65-0110794 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:

ROBINSON, GARY L

121 SW PORT ST LUCIE BOULEVARD

PORT SAINT LUCIE, FL 34984 US

MONTEAGUDO, JOSE L TD

88 WEST MCINTYRE STREET

KEY BISCAYNE, FL 33149 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: JOSE L. MONTEAGUDO 04/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: VPD () Delete Title: PD (X) Change () Addition

 Name:
 WHITE, WANDA
 Name:
 DAY, JULIANE P

 Address:
 2935 N L STREET
 Address:
 219 EAST ANDERSON AVENUE

City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: BUSHNELL, FL 33513

Title: PD () Delete Title: 1VPD (X) Change () Addition

Name:DEGROFF, CHERYLName:HARRELSON, STEVENAddress:2005 APALACHEE PARKWAYAddress:2825 MUNICIPAL WAYCity-St-Zip:TALLAHASSEE, FL 323996500City-St-Zip:TALLAHASSEE, FL 32304

Title: VPD () Delete Title: 2VPD (X) Change () Addition Name: COCHRAN, MICHAEL Name: BETTENCOURT, TROY M

Name: COCHRAN, MICHAEL Name: BETTENCOURT, TROY M
Address: 6279 W OAKLAND PARK BLVD Address: 1410 TAMIAMI TRAIL
CitysSt-Zip: LAUDERHUL EL 33351
CitysSt-Zip: PLINTA GORDA EL 33950

City-St-Zip: LAUDERHILL, FL 33351 City-St-Zip: PUNTA GORDA, FL 33950

Title: RS () Delete Title: RSD (X) Change () Addition Name: KIRKPATRICK, SUZANNE Name: KIRKPATRICK, SUZANNE C Address: 501 E BAY STREET. ROOM 211

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

Title: CS () Delete Title: CSD (X) Change () Addition Name: JACOBS, TAMMIE Name: BLOOMER, JUDY

Address: 4980 CITY HALL BLVD Address: 285 SOUTH KENSINGTON AVENUE

City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: LECANTO, FL 34461

Title: DT () Delete Title: DT (X) Change () Addition Name: ROBINSON, GARY L Name: MONTEAGUDO, JOSE L

Address: 121 SW PORT ST LUCIE BLVD Address: 88 WEST MCINTRYRE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34984 City-St-Zip: KEY BISCAYNE, FL 33149

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: JOSE L. MONTEAGUDO TD 04/06/2009

Electronic Signature of Signing Officer or Director

Date