

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27558

FILED
Feb 19, 2012
Secretary of State

Entity Name: ASSOCIATION OF PUBLIC SAFETY COMMUNICATIONS OFFICIALS-FLORIDA CHAPTER, INC.

Current Principal Place of Business:

3511 PARKWAY CENTER COURT
PUBLIC SAFETY COMMUNICATIONS
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 20555
WEST PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: 59-2311896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, ROBIN
3228 GUN CLUB RD
WEST PALM BEACH, FL 33406 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: PD
Name: JEFFERY, ROBERT
Address: PO BOX 20555
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: SD
Name: SHROEDER, LYNN
Address: PO BOX 20555
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: TD
Name: SCHMIDT, ROBIN
Address: PO BOX 20555
City-St-Zip: WEST PALM BEACH, FL 33416

Title: VD
Name: BROWN, JOANN
Address: PO BOX 20555
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: D
Name: ROWELL, RICKY
Address: PO BOX 20555
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: D
Name: HODGES, CHRIS
Address: PO BOX 20555
City-St-Zip: WEST PALM BEACH, FL 33416

I hereby 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 all other like empowered.

SIGNATURE: ROBIN SCHMIDT

TD

02/19/2012

Electronic Signature of Signing Officer or Director

Date