

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27741

FILED
Mar 10, 2005
Secretary of State

Entity Name: FLORIDA CHAPTER SOUTHERN POLICE INSTITUTE ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

2601 W BROWARD BLVD.
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

8 N. STEWART STREET.
KISSIMMEE, FL 347411 US

Current Mailing Address:

2601 W BROWARD BLVD.
FORT LAUDERDALE, FL 33311 US

New Mailing Address:

8 N. STEWART STREET
KISSIMMEE, FL 34741 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, RICHARD S
2601 W BROWARD BLVD.
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

MOE, JEAN D
8 N. STEWART STREET
KISSIMMEE, FL 34741 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: JEAN MOE

03/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOSS, RICHARD S
Address: 2601 W BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: S () Delete
Name: MOE, JEAN
Address: 400 MABBETTE STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: T () Delete
Name: ATCHISON, TERESA
Address: 500 NE 93 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: 1VP (X) Delete
Name: VITEK, JOANNA
Address: 700 S PARK AVE.
City-St-Zip: TITUSVILLE, FL 32780

Title: 2VP (X) Delete
Name: FUNDENBURG, LORI
Address: 2621 SE HAWTHORNE RD.
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AP (X) Change () Addition
Name: STOPHEL, LORI
Address: 2621 SE HAWTHORNE RD
City-St-Zip: GAINESVILLE, FL 32641 US

Title: AS (X) Change () Addition
Name: DURANT, PATTI
Address: 8 N. STEWART STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: T (X) Change () Addition
Name: MOE, JEAN
Address: 8 N. STEWART STREET
City-St-Zip: KISSIMMEE, FL 34741

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 for the exemption stated in Section 119.07(3)(i), 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: JEAN D. MOE

T

03/10/2005

Electronic Signature of Signing Officer or Director

Date