## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27741

FILED Apr 14, 2008 Secretary of State

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

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

8 N. STEWART STREET.
KISSIMMEE, FL 347411 US 8 N STEWART STREET.
KISSIMMEE, FL 347411 US KISSIMMEE, FL 347411 US

Current Mailing Address: New Mailing Address:

8 N. STEWART STREET.
KISSIMMEE, FL 34741 US 8 N STEWART STREET.
KISSIMMEE, FL 347411 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOE, JEAN D

8 N. STEWART STREET
KISSIMMEE, FL 34741 US

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: 04/14/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 LANG, MARK
 Name:
 BENNETT, CARL

 Address:
 2550 W. COLONIAL DRIVE
 Address:
 535 APPLEYARD DRIVE

 City-St-Zip:
 ORLANDO, FL 32807 US
 City-St-Zip:
 TALLAHASSEE, FL 32304 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 FERNANDEZ, RAUL
 Name:
 FERNANDEZ, RAUL

 Address:
 2550 W. COLONIAL DRIVE
 Address:
 2550 W. COLONIAL DRIVE

 City-St-Zip:
 ORLANDO, FL 32807
 City-St-Zip:
 ORLANDO, FL 32807 US

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: MOE, JEAN Total Name: MOE, JEAN

Address: 8 N. STEWART STREET Address: 8 N. STEWART STREET

Address: 8 N. STEWART STREET Address: 8 N. STEWART STREET City-St-Zip: KISSIMMEE, FL 34741 US

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 WYNNE, KENNY

 Address:
 Address:
 2500 W. COLONIAL DRIVE

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32808 US

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: JEAN D MOE T 04/14/2008