2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N27741

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

Current Principal Place of Business:

8 N STEWART STREET.
KISSIMMEE, FL 347411 US

New Principal Place of Business:

Current Mailing Address:

8 N STEWART STREET.
KISSIMMEE, FL 347411 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MOE, JEAN D
8 N STEWART STREET
KISSIMMEE, FL 34741 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: P ( ) Delete
Name: BENNETT, CARL
Address: 535 APPLEYARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: S ( ) Delete
Name: FERNANDEZ, RAUL
Address: 2550 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32807 US

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

Title: VP ( ) Delete
Name: WYNNE, KENNY
Address: 2500 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808 US

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
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: JEAN D. MOE TREA 04/07/2009
Electronic Signature of Signing Officer or Director — Date