2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31409

FILED Apr 20, 2009 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF POLICE EXPLORERS, INC.

Current Principal Place of Business: New Principal Place of Business: 10750 ULMERTON RD 9070 109TH AVE N LARGO, FL 33778 LARGO, FL 33777 US **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 4466 SEMINOLE, FL 33775 FEI Number: 59-2434682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORCUM, BEVERLY A CFO 9070 109 AVENUE LARGO, FL 337771116 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition SMITH, JAY Name: Name: 100 S HUGHLEY AVE Address: Address: City-St-Zip: ORLANDO, FL 32801 US City-St-Zip: Title: () Delete Title: () Change () Addition NORCUM, BEVERLY A CFO Name: Name: Address: 9070 109 AVENUE Address: City-St-Zip: LARGO, FL 337771116 US City-St-Zip: Title: () Delete Title: (X) Change () Addition MCCURDY, BILL CARPENTER, RICHARD Name: Name: 100 S HUGHEY AVE Address: 1209 E 15TH ST Address: City-St-Zip: PANAMA CITY, FL 32405 US City-St-Zip: ORLANDO, FL 32801 US Title: () Delete Title: () Change () Addition Name: ROY, DUSTIN Name: Address: 8700 CITIZENS DR Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: Title: () Delete Title: () Change () Addition MACKEY, CHRIS Name: Name: 4980 CITY HALL BLVD Address: Address: City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: Title: () Delete Title: () Change () Addition WALTERS, CHERYL Name: Name: Address: 9500 PINES BLVD Address: HOLLYWOOD, FL 33024 City-St-Zip: 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: BEVERLY A. NORCUM DT 04/20/2009