2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35314

FILED Jan 29, 2009 Secretary of State

Entity Name: FLORIDA LAW ENFORCEMENT PUBLIC INFORMATION OFFICERS ASSOCIATION, INC.

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

721 NW 6TH ST. 455 NORTH BROADWAY
GAINESVILLE, FL 32601 US BARTOW, FL 33830 US

Current Mailing Address: New Mailing Address:

721 NW 6TH ST.

GAINESVILLE, FL 32601 US

455 NORTH BROADWAY
BARTOW, FL 33830 US

FEI Number: 65-0226341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KAMEG, KEITH A

721 NW 6TH ST.

GAINESVILLE, FL 32601 US

ELEAZER, CARRIE S
455 NORTH BROADWAY
BARTOW, FL 33830 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: CARRIE S. ELEAZER 01/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 KAMEG, KEITH A
 Name:
 ELEAZER, CARRIE S

 Address:
 721 NW 6TH ST.
 Address:
 455 NORTH BROADWAY

City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: BARTOW, FL 33830

Title: S () Delete Title: S (X) Change () Addition Name: MOSCHELLA, DANI Name: SLATER, STEPHANIE

Address: 455 NORTH BROADWAY AVE. Address: 100 EAST BOYNTON BEACH BLVD

City-St-Zip: BARTOW, FL 33830 City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete Title: V (X) Change () Addition Name: ADKINS, ART Name: JEFFERSON, KENNETH

Address: 721 NW 6TH ST. Address: 501 EAST BAY STREET
City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: JACKSONVILLE, FL 32202

 $\label{eq:title:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 RODGERS, CARRIE
 Name:

 Address:
 455 NORTH BROADWAY AVE.
 Address:

 City-St-Zip:
 BARTOW, FL 33830
 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: CARRIE S. ELEAZER P 01/29/2009