2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# N38085

Entity Name: FLORIDA D.A.R.E. OFFICERS ASSOCIATION, INC.

Current Principal Place of Business:

2050 RINGLING BLVD.
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15338
SARASOTA, FL 342771388 US

New Mailing Address:

FEI Number: 59-3053500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWERS, DENNIS K
2050 RINGLING BLVD.
SARASOTA, FL 34237 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: S ( ) Delete
Name: MANN, WAYLAND
Address: P.O. BOX 1750
City-St-Zip: PENSACOLA, FL 32598

Title: VPD ( ) Delete
Name: CROSBY, DALE
Address: 400 WEST ROBINSON STREET
City-St-Zip: ORLANOD, FL 32801

Title: PD ( ) Delete
Name: WHIDDEN, ROXANE
Address: 2825 MUNICIPAL WAY
City-St-Zip: TALLAHASSEE, FL 32304

Title: VPD ( ) Delete
Name: STEVENS, KENNETH
Address: 10750 ULMERTON ROAD
City-St-Zip: LARGO, FL 33778

Title: TD ( ) Delete
Name: BOWERS, DENNIS K
Address: 2050 RINGLING BLVD.
City-St-Zip: SARASOTA, FL 34237

Title: DSA ( ) Delete
Name: HOGAN, ROB
Address: 14750 SIX MILE CYPRESS PARKWAY
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: WHIDDEN, ROXANE
Address: 2825 MUNICIPAL WAY
City-St-Zip: TALLAHASSEE, FL 32304

Title: VPD (X) Change ( ) Addition
Name: STEVENS, KENNETH
Address: 10750 ULMERTON ROAD
City-St-Zip: LARGO, FL 33778

Title: VPD (X) Change ( ) Addition
Name: MITCHELL, PERNELL
Address: 115 EAST MAGNOLIA STREET
City-St-Zip: LEESBURG, FL 34748

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: DENNIS K. BOWERS TD 04/24/2004

Electronic Signature of Signing Officer or Director — Date