2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008
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: PD ( ) Delete
Name: SAPP, KEVIN A
Address: 6430 U.S. 27 SOUTH
City-St-Zip: SEBRING, FL 33876 US

Title: VPD (X) Delete
Name: STRIPLING, LARRY L
Address: 800 S.E. MONTEREY ROAD
City-St-Zip: STUART, FL 34994 US

Title: VPD ( ) Delete
Name: LEE, MARK
Address: 711 NORTH HAYNE STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: SD ( ) Delete
Name: TAYLOR, CHRISTOPHER M
Address: 300 NORTH MOSS ROAD
City-St-Zip: WINTER SPRINGS, FL 32708 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STRIPLING, LARRY L
Address: 800 S.E. MONTEREY ROAD
City-St-Zip: STUART, FL 34994 US

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

Title: VPD (X) Change ( ) Addition
Name: ANICITO, SAL
Address: 3070 ROGERS ROAD
City-St-Zip: FT. PIERCE, FL 34981 US

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: DENNIS K. BOWERS TD 02/18/2008

Electronic Signature of Signing Officer or Director — Date