


2008 NOT-FOR-PROFIT CORPORATION ✓ AMENDED ANNUAL REPORT

DOCUMENT # N41401 1. Entity Name SCPD ALUMNI ASSOCIATION, INC.						FILED 08 MAY -2 AM 7:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business P.O. BOX 5998 SPRING HILL, FL 34611				Mailing Address P.O. BOX 5998 SPRING HILL, FL 34611			
2. Principal Place of Business - No P.O. Box # 9108 GALLUP Circle				3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Spring Hill, FL				City & State			
Zip 34608		Country U.S.		Zip		Country	
4. FEI Number 59-3046805				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AIMES, RONALD 9108 GALLUP CIRCLE SPRING HILL, FL 34608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C QUINTUS, DONALD 6787 W CALUMET CIR. LAKE WORTH, FL 33467			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PFUNDSTEIN ADAM 9002 TERR CT WINDERMERE FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC RAYMOND, RUSSELL 6109 WINDING LAKE DR. JUPITER, FL 33458			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC McCue Walter P.O. Box 112 Venice FL 34284	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AIMES, RONALD 9108 GALLUP CT. SPRING HILL, FL			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Quintus, Donald 964 GRANDE HAVEN DR TITUSVILLE FL 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PFUNDSTEIN, ADAM 9002 TERR. CT WINDERMERE, FL 34786			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Russell Raymond 6109 Winding Lake DR Jupiter FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, JOHN 13703 WILKES DR TAMPA, FL 33618			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISCARDI John 10 JASON LN. EAST HAMPTON NY 11987	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, JAMES 4400 FLEXER DR SPRING HILL, FL			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300129222143 05/13/08--01032--020 **61.25	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Ronald Aimes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4/29/08</u> Daytime Phone #: <u>352-584-3689</u>			