


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90047 017 \*\*\*\*61.25

<b>DOCUMENT # N42787</b>					
1. Entity Name <b>EAST HILLSBOROUGH LAW ENFORCEMENT APPRECIATION ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 4807 PLANT CITY FL 33564 US		Mailing Address P.O. BOX 4807 PLANT CITY FL 33564 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3061567</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GIBBS, DOUG 106 GRANT STREET PLANT CITY FL 33563</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reorganizing) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPARKMAN, CHRIS 702 TILLMAN PLACE PLANT CITY FL 33563</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SWINDLE, ED 9471 N. MCINTOSH ROAD DOVER FL 33527</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JOYCE MALONEY 1303 N PARK RD PLANT CITY FL 33563</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GRIFFIN, ROBERT 3302 MURRAY FARMS RD PLANT CITY FL 33566</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>DIRECTOR GRIFFIN, ROBERT 3302 MURRAY FARMS RD PLANT CITY, FL 33566</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIS, COLEMAN 703 S EVERS STREET PLANT CITY FL 33563</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>PRESIDENT DAVIS, COLEMAN 703 S. EVERS ST. PLANT CITY, FL 33563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GIBBS, DOUG 106 GRANT STREET PLANT CITY FL 33563</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Doug F. Gibbs* **DOUG F. GIBBS** 1/30/06 813-752-6171