


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # N42787
 1. Entity Name
EAST HILLSBOROUGH LAW ENFORCEMENT APPRECIATION ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P.O. BOX 4807 P.O. BOX 4807
 PLANT CITY, FL 33564 US PLANT CITY, FL 33564 US

DO NOT WRITE IN THIS SPACE



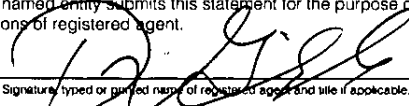
03132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3061567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIBBS, DOUG
 106 GRANT STREET
 PLANT CITY, FL 33563

DO NOT WRITE IN THIS SPACE

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:  DATE: **3-12-07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

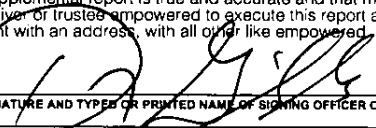
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKMAN, CHRIS 702 TILLMAN PLACE PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWINDLE, ED 9471 N. MCINTOSH ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOYCE MALONEY 1303 N PARK RD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, ROBERT 3302 MURRAY FARMS RD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, COLEMAN 703 S EVERS STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBBS, DOUG 106 GRANT STREET PLANT CITY, FL 33563

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 03/27/07-80002-019 61.25

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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:  Date: **3-12-07** Daytime Phone #: **813-752-6171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR