

**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
**P.O. BOX 4807
PLANT CITY, FL 33564 US**

Mailing Address
**P.O. BOX 4807
PLANT CITY, FL 33564 US**



03132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3061567

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

3-12-07

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

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03/27/07-80002-019 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-07 813-752-6171