
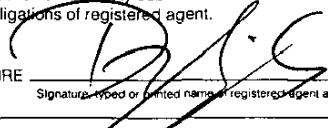
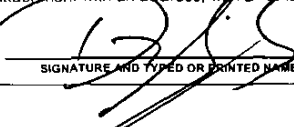


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90010 024 \*\*\*\*61.25

<b>DOCUMENT # N42787</b>					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3061567	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GIBBS, DOUG 106 GRANT STREET PLANT CITY, FL 33563			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	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		 DOUG GIBBS		3-18-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKMAN, CHRIS		NAME		
STREET ADDRESS	702 TILLMAN PLACE		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWINDLE, ED		NAME	LANE WETHERINGTON	
STREET ADDRESS	9471 N. MCINTOSH ROAD		STREET ADDRESS	P.O. BOX 4807	
CITY-ST-ZIP	DOVER, FL 33527		CITY-ST-ZIP	PLANT CITY, FL 33564	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE MALONEY		NAME		
STREET ADDRESS	1303 N PARK RD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, ROBERT		NAME	STEPHEN ROBERT	
STREET ADDRESS	3302 MURRAY FARMS RD		STREET ADDRESS	703 S. EVERS ST.	
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	P	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, COLEMAN		NAME		
STREET ADDRESS	703 S EVERS STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, DOUG		NAME		
STREET ADDRESS	106 GRANT STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP		
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:		 DOUG GIBBS		3-18-08 813-752-6171	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	