

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42787

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** EAST HILLSBOROUGH LAW ENFORCEMENT APPRECIATION ASSOCIATION, INC.

**Current Principal Place of Business:**

106 GRANT STREET  
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4807  
PLANT CITY, FL 33564

**New Mailing Address:**

**FEI Number:** 59-3061567      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBBS, DOUG  
106 GRANT STREET  
PLANT CITY, FL 33563 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SPARKMAN, CHRIS  
Address: 702 TILLMAN PLACE  
City-St-Zip: PLANT CITY, FL 33563

Title: P  
Name: DAVIS, BILL  
Address: P.O. BOX 5342  
City-St-Zip: PLANT CITY, FL 33564

Title: S  
Name: HICKS, DEBRA  
Address: 302 N. MICHIGAN AVE  
City-St-Zip: PLANT CITY, FL 33563

Title: T  
Name: SMITH, JODI  
Address: 2903 ASTON AVE  
City-St-Zip: PLANT CITY, FL 33566

Title: D  
Name: DAVIS, COLEMAN  
Address: 703 S EVERS STREET  
City-St-Zip: PLANT CITY, FL 33563

Title: D  
Name: GIBBS, DOUG  
Address: 106 GRANT STREET  
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUG GIBBS

DIR

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date