2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N43425

1. Entity Name
NATIONAL ASSOCIATION OF SCHOOL RESOURCE OFFICERS, INC.

Principal Place of Business	Mailing Address
1601 N.E. 100TH STREET ANTHONY, FL 32617 US	P.O. BOX 39 OSPREY, FL 34229 US

02032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0612863
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARINO, PAUL J. ESQ
611 DRUID ROAD EAST
SUITE 512
CLEARWATER, FL 33756

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
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, 2004

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

U00000032554
02/05/04-80007-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SHERLING, KATHY
STREET ADDRESS	1601 N.E. 100 STREET
CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	MD
NAME	LAVARELLO, CURTIS
STREET ADDRESS	1019 OAK MEADOW LANE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	BURKE, SEAN
STREET ADDRESS	P.O. BOX 1613
CITY-ST-ZIP	LAWRENCE, MA 01841
TITLE	D
NAME	KOTNOUR, JOHN
STREET ADDRESS	14662 S. CONSTANCE
CITY-ST-ZIP	OLATHE, KS 66062
TITLE	D
NAME	NOLAN, KEVIN
STREET ADDRESS	12 MORRISON RD.
CITY-ST-ZIP	WINDHAM, NH 03087
TITLE	D
NAME	WOOLLEN, TONY
STREET ADDRESS	2512 W. 83RD TERRACE
CITY-ST-ZIP	LEAWOOD, KS 66206

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kathy Sherling KATHY SHERLING 2-3-04 1-888-316-2776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #