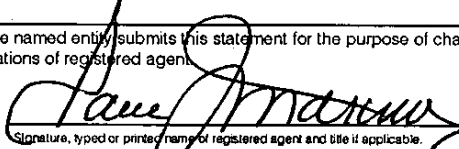
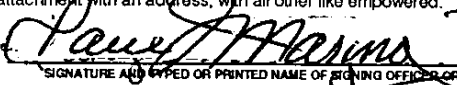


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90076 026 ****61.25

DOCUMENT # N43425 1. Entity Name NATIONAL ASSOCIATION OF SCHOOL RESOURCE OFFICERS, INC.					
Principal Place of Business 1601 N.E. 100TH STREET ANTHONY, FL 32617 US			Mailing Address P.O. BOX 39 OSPREY, FL 34229 US		
2. Principal Place of Business 7733 Holiday Dr. Suite, Apt. #, etc.		3. Mailing Address 7733 Holiday Dr. Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 65-0612863	
Zip 34231		Country USA		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				7. Name and Address of New Registered Agent Name Paul Marino Street Address (P.O. Box Number is Not Acceptable) 251 Woodward Passage Suite G City Clearwater FL Zip Code 33767	
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 4-11-05 (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, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	T SHERLING, KATHY 1601 N.E. 100 STREET ANTHONY, FL 32617	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☒ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD LAVARELLO, CURTIS 1019 OAK MEADOW LANE OSPREY, FL 34229	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Lavarello, Curtis 4114 Central Sarasota Pkwy. #1125 Sarasota, FL 34238 Change ☒ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, SEAN P.O. BOX 1613 LAWRENCE, MA 01841	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Burke, Sean P.O. Box 1613 Lawrence MA 01841 Change ☒ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTNOUR, JOHN 14662 S. CONSTANCE OLATHE, KS 66062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOTNOUR, JOHN 14662 S. CONSTANCE OLATHE, KS 66062 Change ☒ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, KEVIN 12 MORRISON RD. WINDHAM, NH 03087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nolan, Kevin 12 Morrison Rd Windham, NH 03087 Change ☒ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOLLEN, TONY 2512 W. 83RD TERRACE LEAWOOD, KS 66206	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T Woollen, Tony 9617 Lee Blvd. Leawood, KS 66206 Change ☒ Addition ☐	
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:  Registered Agent 4/11/05 727-224-2488 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					