

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 05, 2005
Secretary of State

DOCUMENT# N43425

Entity Name: NATIONAL ASSOCIATION OF SCHOOL RESOURCE OFFICERS, INC.**Current Principal Place of Business:**7733 HOLIDAY DR
SARASOTA, FL 34231 US**New Principal Place of Business:**14031 FM 315 N
CHANDER, TX 75758 US**Current Mailing Address:**7733 HOLIDAY DR
SARASOTA, FL 34231 US**New Mailing Address:**14031 FM 315 N
CHANDLER, TX 75758 US**FEI Number:** 65-0612863**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARINO, PAUL J ESQ
251 WINWARD PASSAGE
SUITE G
CLEARWATER, FL 33767 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: MD () Delete
Name: LAVARELLO, CURTIS,
Address: 4114 CENTRAL SARASOTA PKWY, # 1125
City-St-Zip: SARASOTA, FL 34238

Title: VP () Delete
Name: BURKE, SEAN
Address: P.O. BOX 1613
City-St-Zip: LAWRENCE, MA 01841

Title: P () Delete
Name: KOTNOUR, JOHN
Address: 14662 S. CONSTANCE
City-St-Zip: OLATHE, KS 66062

Title: VP () Delete
Name: NOLAN, KEVIN
Address: 12 MORRISON RD.
City-St-Zip: WINDHAM, NH 03087

Title: ST (X) Delete
Name: WOOLLEN, TONY
Address: 9617 LEE BLVD
City-St-Zip: LEAWOOD, KS 66206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOTNOUR, JOHN
Address: 14662 S CONSTANCE
City-St-Zip: OLATHE, KS 66062 US

Title: VP (X) Change () Addition
Name: NOLAN, KEVIN
Address: 12 MORRISON RD
City-St-Zip: WINDHAM, NH 03087

Title: VP (X) Change () Addition
Name: BAILEY, PHIL
Address: 7901 COUNTRY CLUB DR
City-St-Zip: TRUSSVILLE, AL 35173

Title: ST (X) Change () Addition
Name: WOOLLEN, ANTHONY
Address: 9617 LEE BLVD
City-St-Zip: LEAWOOD, KS 66206

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KATHY SHERLING

ADM

10/05/2005

Electronic Signature of Signing Officer or Director

Date