


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90023 021 \*\*\*\*61.25

<b>DOCUMENT # N47693</b> 1. Entity Name CRYSTAL RIVER POLICE DEPARTMENT SUPPORT ASSOCIATION, INC.					
Principal Place of Business 123 NW HWY 19 CRYSTAL RIVER, FL 34428 US			Mailing Address 123 NW HWY 19 CRYSTAL RIVER, FL 34428 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3133638	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BALLARD, CHARLES 123 NW HWY 19 CRYSTAL RIVER, FL 34428				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLARD, CHARLES		NAME	Brian J. Coleman	
STREET ADDRESS	123 N.W. HIGHWAY 19		STREET ADDRESS	123 NW Hwy 19	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	Crystal River, FL 34428	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERUCHE, THOMAS		NAME		
STREET ADDRESS	123 N.W. HIGHWAY 19		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, KINNON		NAME		
STREET ADDRESS	123 NW HWY 19		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REESE, KELLIE		NAME		
STREET ADDRESS	123 NW HWY 19		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> Brian J. Coleman			3-17-06 322-795-4241		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					