

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000151

FILED
May 19, 2008
Secretary of State

Entity Name: FLORIDA NARCOTICS OFFICERS' ASSOCIATION, INC.

Current Principal Place of Business:

427 NW CRACKNEL WAY
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 76109
TAMPA, FL 336751109 US

New Mailing Address:

FEI Number: 59-3136723 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLANCHARD, JOHN C I
427 NW CRACKNEL WAY
LAKE CITY, FL 32055 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 () Delete
Name: MYERS, BRADY
Address: P.O. BOX 76109
City-St-Zip: TAMPA, FL 33675

Title: T () Delete
Name: BLANCHARD, JOHN C IV
Address: 427 NW CRACKNEL WAY
City-St-Zip: LAKE CITY, FL 32055 US

Title: D () Delete
Name: RAGEN, JOE
Address: P.O. BOX 76109
City-St-Zip: TAMPA, FL 33675

Title: D () Delete
Name: LYNCH, MIKE
Address: P.O. BOX 76109
City-St-Zip: TAMPA, FL 33675

Title: S () Delete
Name: RIVAS, CARMEN
Address: PO BOX 76109
City-St-Zip: TAMPA, FL 336751109 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SEAL, MATT
Address: P.O. BOX 76109
City-St-Zip: TAMPA, FL 33675

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

Title: P (X) Change () Addition
Name: RAGEN, JOE
Address: P.O. BOX 76109
City-St-Zip: TAMPA, FL 33675

Title: 2VP (X) Change () Addition
Name: LYNCH, MIKE
Address: P.O. BOX 76109
City-St-Zip: TAMPA, FL 33675

Title: S (X) Change () Addition
Name: CROISSANT, LISA
Address: PO BOX 76109
City-St-Zip: TAMPA, FL 336751109 US

Title: 2VP () Change (X) Addition
Name: BLANCHARD IV, JOHN C
Address: 427 NW CRACKNEL WAY
City-St-Zip: LAKE CITY, FL 32055 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN C. BLANCHARD IV

T

05/19/2008

Electronic Signature of Signing Officer or Director

Date