

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000151

FILED  
Feb 26, 2009  
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 (X)

## 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:

CREWS, RANDY  
18771 TIMBERLAND RD.  
GLEN ST. MARY, FL 32055 US

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: RANDY CREWS

02/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition  
Name: CREWS, RANDY  
Address: 18771 TIMBERLAND RD  
City-St-Zip: GLEN ST. MARY, FL 32040 US

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

Title: 1VP (X) Change ( ) Addition  
Name: LYNCH, MIKE  
Address: P.O. BOX 76109  
City-St-Zip: TAMPA, FL 33675

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

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

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: RANDY CREWS

T

02/26/2009

Electronic Signature of Signing Officer or Director

Date