

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000151

FILED
Feb 11, 2011
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 ()

Name and Address of Current Registered Agent:

CREWS, RANDY
18771 TIMBERLAND RD.
GLEN ST. MARY, 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: 2VP
Name: SEAL, MATT
Address: P.O. BOX 76109
City-St-Zip: TAMPA, FL 33675

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

Title: SA
Name: BRUNO, PAUL
Address: P.O. BOX 76109
City-St-Zip: TAMPA, FL 33675

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

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

Title: 1VP
Name: BLANCHARD IV, JOHN C
Address: 427 NW CRACKNEL WAY
City-St-Zip: LAKE CITY, FL 32055 US

I hereby 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 all other like empowered.

SIGNATURE: RANDY CREWS

TR

02/11/2011

Electronic Signature of Signing Officer or Director

Date