

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90086 034 ****61.25

DOCUMENT # N94000003710					
1. Entity Name ORMOND BEACH CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.					
Principal Place of Business 170 W GRANADA BLVD ORMOND BEACH, FL 32174 US			Mailing Address 851 MARVIN RD ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3313841	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHIESON, LARRY 170 W GRANADA BLVD ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name <u>MICHAEL R. LONGFELLOW</u> Street Address (P.O. Box Number is Not Acceptable) <u>170 W. GRANADA BLVD.</u> City <u>ORMOND BEACH</u> <u>FL</u> Zip Code <u>32174</u>		
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 <u>Michael R. Longfellow</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>MICHAEL R. LONGFELLOW</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>		<u>1/19/07</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME DURRUA, AUDREY	<input type="checkbox"/> Delete	TITLE PRESIDENT	NAME CHARLES B. WILSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 180 A CARDINAL DRIVE	CITY-ST-ZIP ORMOND BEACH, FL 32176		STREET ADDRESS 87 MISTY FALLS DR.	CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE VD	NAME WILSON, CHARLES B	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	NAME CHARLES D. O'NEILL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 37 MISTY FALLS DR.	CITY-ST-ZIP ORMOND BEACH, FL 32174		STREET ADDRESS 12 FISHERMAN CIR	CITY-ST-ZIP O-B 32174	
TITLE TD	NAME WILSON, EDITH	<input type="checkbox"/> Delete			
STREET ADDRESS 851 MARVIN RD	CITY-ST-ZIP ORMOND BEACH, FL 32176				
TITLE SD	NAME REECE, JANET	<input type="checkbox"/> Delete			
STREET ADDRESS 11 CHIPPINGWOOD LN.	CITY-ST-ZIP ORMOND BEACH, FL 32176				
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 	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.					
SIGNATURE: <u>Edith Wilson</u>		<u>EDITH WILSON</u>		<u>1/19/2007</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

(386)
235-7302(C)