2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003710

FILED Feb 01, 2009 Secretary of State

Entity Name: ORMOND BEACH CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

170 W GRANADA BLVD ORMOND BEACH, FL 32174 US

Current Mailing Address: New Mailing Address:

851 MARVIN RD ORMOND BEACH, FL 32176

FEI Number: 59-3313841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LONGFELLOW, MICHAEL R 170 W GRANADA BLVD ORMOND BEACH, FL 32174 US

OFFICERS AND DIRECTORS:

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

Electronic eignature of register

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 WILSON, CHARLES R
 Name:
 DURRUA, AUDREY

 Address:
 87 MISTY FALLS DRIVE
 Address:
 180 CARDINAL DRIVE #A

Address: 87 MISTY FALLS DRIVE Address: 180 CARDINAL DRIVE #A
City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32176

Title: VP () Delete Title: VP (X) Change () Addition Name: SCOTT, DAVID Name: PORTA, JOE

Address: 40 GREEN FOREST DR Address: 134 SETON TRAIL

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32176

Title: TD () Delete Title: TD (X) Change () Addition Name: WILSON, EDITH Name: CORNELIUS, SANDRA

Name:WILSON, EDITHName:CORNELIUS, SANDRAAddress:851 MARVIN RDAddress:66 MERRYWOOD CIRCLECity-St-Zip:ORMOND BEACH, FL 32176City-St-Zip:ORMOND BEACH, FL 32174

Title: SD () Delete Title: () Change () Addition

 Name:
 REECE, JANET
 Name:

 Address:
 11 CHIPPINGWOOD LN.
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32176
 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: SANDRA CORNELIUS TD 02/01/2009