

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004549

FILED
Mar 23, 2009
Secretary of State

Entity Name: PEMBROKE PINES CITIZENS' POLICE ACADEMY ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

9500 PINES BLVD.
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

11708 NW 12TH ST.
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 65-0656946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLLAND, LEO G S
C/O PEMBROKE PINES POLICE DEPARTMENT
9500 PINES BLVD
PEMBROKE PINES, FL 33025 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: PD () Delete
Name: SIGAL, GARY
Address: 2060 NW 76TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD () Delete
Name: SWANTON, SANDRA
Address: 17532 NW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD () Delete
Name: HOLLAND, LEO G S
Address: 11708 NW 12TH ST.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD () Delete
Name: GOLDBERG, BRIAN
Address: 7624 NW 21ST DR
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: GROSSWIRTH, JERRY
Address: 13816 NW 14TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: COLLINS, ATHENE
Address: 3702 NW 77TH AVE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: WELLS, CAROLYN
Address: 1531 NW 114TH AVE
City-St-Zip: PEMBROKE PINES, FL 33026

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: LEO GS HOLLAND

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date