2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005565

FILED Mar 02, 2006 Secretary of State

Entity Name: OSCEOLA COUNTY CITZENS POLICE ACADEMY ALUMNI ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 149 HARWOOD CIR 1835 KINGSBURY CT. KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 **Current Mailing Address: New Mailing Address:** 149 HARWOOD CIR 1835 KINGSBURY CT KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 FEI Number: 65-0781440 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: HARPOOTIAN, ROSALIE SCHUCHMAN, THERESA 149 HARWOOD CIR. 1835 KINGSBURY CT ORLANDO, FL 32809 US US KISSIMMEE, FL 34744 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: THERESA SCHUCHMAN 03/02/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GARCIA, CAROL Name: Name: 1845 KINGSBURY CT. Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ZUBA, ROSEMARY Name: Address: 2635 EINWOOD DR. Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: Title: () Delete Title: () Change () Addition HEILMANN, DIETER Name: Name: 3197 MISTY MORNING CT Address: Address: City-St-Zip: SAINT CLOUD, FL 34771 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition HARPOOTIAN, ROSALIE Name: Name: SCHUCHMAN, THERESA 149 HARWOOD CIR. 1835 KINGSBURY CT Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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: DIETER HEILMANN TD 03/02/2006