2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N95000005565

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

Current Principal Place of Business:

1835 KINGSBURY CT.
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1835 KINGSBURY CT.
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 65-0781440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUCHMAN, THERESA
1835 KINGSBURY CT
KISSIMMEE, FL 34744 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: GARCIA, CAROL
Address: 1845 KINGSBURY CT.
City-St-Zip: KISSIMMEE, FL 34744

Title: VP ( ) Delete
Name: ZUBA, ROSEMARY
Address: 2635 EINWOOD DR.
City-St-Zip: KISSIMMEE, FL 34758

Title: TD ( ) Delete
Name: HEILMANN, DIETER
Address: 3197 MISTY MORNING CT
City-St-Zip: SAINT CLOUD, FL 34771

Title: SD ( ) Delete
Name: SCHUCHMAN, THERESA
Address: 1835 KINGSBURY CT
City-St-Zip: KISSIMMEE, FL 34744

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: ( ) 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: DIETER HEILMANN TD 01/28/2009

Electronic Signature of Signing Officer or Director — Date