

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000346

FILED
Jun 25, 2009
Secretary of State

Entity Name: SEMINOLE COUNTY SHERIFF'S OFFICE CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

100 BUSH BLVD
COMMUNITY SERVICES
SANFORD, FL 327736706 US

New Principal Place of Business:

Current Mailing Address:

100 BUSH BLVD
COMMUNITY SERVICES
SANFORD, FL 327736706 US

New Mailing Address:

FEI Number: 59-3233178 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CONFESSORE, VIC
100 BUSH BLVD
COMMUNITY SERVICES
SANFORD, FL 327736706 US

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: PTD () Delete
Name: WRIGHT, CLIFF
Address: 402 BUDLEIGH SALTERON CLOSE
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: BROWDER, SHARON
Address: 1768 CARILLON PARK DR
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: NOELL, DAVID
Address: 505 LITTLE WEKIVA ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

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: CLIFF WRIGHT

PTD

06/25/2009

Electronic Signature of Signing Officer or Director

Date