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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002719 (9)
1. Corporation Name
CITIZENS LAW ENFORCEMENT ALUMNI RESOURCE TEAM, I NC.



Principal Place of Business: SARASOTA COUNTY SHERIFF'S OFFICE, P.O. BOX 4115, SARASOTA FL 34230-4115
Mailing Address: SARASOTA COUNTY SHERIFF'S OFFICE, P.O. BOX 4115, SARASOTA FL 34230-4115

3. Date Incorporated or Qualified: 05/09/1997
4. FEI Number: 59-3453183
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 C/O Training Section
23 City & State: 27 City & State
24 Zip: 25 Country: 29 Zip: 30 Country

9. Name and Address of Current Registered Agent
EMMONS, KRISTEN
2071 RINGLING BLVD.
SARASOTA FL 34237

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 C/O Training Section
84 City: 85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
Director	John Finnimore	1837 Springwood Dr.	Sarasota, FL 34232

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	Steven Gaek	1060 Fox Creek Dr.	Sarasota, FL 34240	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Vice President	Richard Romanoff	3037 Ringwood Meadow	Sarasota, FL 34235	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Secretary	Jong Gidd	1481 Lemon Bay Dr.	Venice, FL 34293	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Treasurer	Sheri Gensler	2353 Berula Terrace	Sarasota, FL 34232	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director	Barry Tartleton	4003 Westminister Dr.	Sarasota, FL 34241	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Director	Kristen Emons	2910 Lakari Blvd.	Sarasota, FL 34232	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/1/98 941 951 5500

CR2E037 (10/97)