


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90007 029 ****61.25

DOCUMENT # N97000002719

1. Entity Name
CITIZENS LAW ENFORCEMENT ALUMNI RESOURCE TEAM, INC.



Principal Place of Business
**SARASOTA COUNTY SHERIFF'S OFFICE
 % P.O. BOX 4115 TRAINING CENTER
 SARASOTA, FL 34230-4115 US**

Mailing Address
**SARASOTA COUNTY SHERIFF'S OFFICE
 % P.O. BOX 4115 TRAINING CENTER
 SARASOTA, FL 34230-4115 US**

24070441



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04132004 Chg-NP CR2E037 (10/03)

City & State
 City & State

Zip
 Country
 Zip
 Country

4. FEI Number
59-3453183

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROMANOFF, RICHARD
 3037 RINGWOOD MEADOW
 SARASOTA, FL 34235**

7. Name and Address of New Registered Agent
 Name **TRACY VOTH**
 Street Address (P.O. Box Number is Not Acceptable)
1777 MAIN STREET MC3083
 City **SARASOTA** FL Zip Code **34236**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tracy Voth* DATE **5/6/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE P	NAME ROMANOFF, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3037 RINGWOOD MEADOW	CITY-ST-ZIP SARASOTA, FL 34235	
TITLE VP	NAME COWSER, ROLAND	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4133 LOSILLIAS DR	CITY-ST-ZIP SARASOTA, FL 34238	
TITLE T	NAME KENDIG, CALVIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4322 MARCOTT CR	CITY-ST-ZIP SARASOTA, FL 34233	
TITLE S	NAME SILVER, VALERIE	<input type="checkbox"/> Delete
STREET ADDRESS 5021 BARRINGTON CR	CITY-ST-ZIP SARASOTA, FL 34233	
TITLE D	NAME RANKIN, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3857 MALEC CIRCLE	CITY-ST-ZIP SARASOTA, FL 34233	
TITLE D	NAME VOTH, TRACY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10271 SILVERADO CIRCLE	CITY-ST-ZIP BRADENTON, FL 34202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME TRACY VOTH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1777 MAIN STREET MC3083	CITY-ST-ZIP SARASOTA, FL 34236	
TITLE VP	NAME BOB WENDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2128 TIMUCUA TR.	CITY-ST-ZIP NOKOMIS, FL 34275	
TITLE T	NAME MARY ZUZICH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2001 WHITEFEATHER LANE	CITY-ST-ZIP NOKOMIS, FL 34275	
TITLE D	NAME FRANK CASTLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1080 SHERWOOD FOREST DR.	CITY-ST-ZIP SARASOTA, FL 34232	
TITLE D	NAME JOHN FINNIMORE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1837 SPRINGWOOD DR.	CITY-ST-ZIP SARASOTA, FL 34232	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tracy Voth* DATE **5/6/04** DAYTIME PHONE # **941-951-3241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR