

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2005
Secretary of State**

DOCUMENT# N97000002719

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

Current Principal Place of Business:

SARASOTA COUNTY SHERIFF'S OFFICE
% P.O. BOX 4115 TRAINING CENTER
SARASOTA, FL 342304115 US

New Principal Place of Business:

Current Mailing Address:

SARASOTA COUNTY SHERIFF'S OFFICE
% P.O. BOX 4115 TRAINING CENTER
SARASOTA, FL 342304115 US

New Mailing Address:

FEI Number: 59-3453183 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOTH, TRACY
1777 MAIN STREET
NC 3083
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SILVER, VALERIE J SEC.
5021 BARRINGTON CIRCLE
SARASOTA, FL 34234 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: VALERIE J. SILVER 01/11/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VOTH, TRACY
Address: 1777 MAIN STREET MC 3083
City-St-Zip: SARASOTA, FL 34236

Title: V () Delete
Name: WENDT, BOB
Address: 2128 TIMUCUA TR
City-St-Zip: NOKOMIS, FL 34275

Title: T () Delete
Name: ZUZICH, MARY
Address: 2001 WHITEFEATHER LN
City-St-Zip: NOKOMIS, FL 34275

Title: S () Delete
Name: SILVER, VALERIE
Address: 5021 BARRINGTON CR
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: CASTLE, FRANK
Address: 1080 SHERWOOD FOREST DR
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: FINNIMORE, JOHN
Address: 1837 SPRINGWOOD DR
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAPMAN, DENNIS
Address: 2483 FRANKFORT CT.
City-St-Zip: NORTH PORT, FL 34288

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VALERIE J. SILVER S 01/11/2005
Electronic Signature of Signing Officer or Director Date