

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002719

FILED  
Jan 11, 2005  
Secretary of State

**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