# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 17, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N97000003256

1. Entity Name
LAW ENFORCEMENT EMERALD SOCIETY OF SOUTH FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10031 N.W. 27TH TERRACE<br>MIAMI, FL 33172 | P.O. BOX 226822<br>MIAMI, FL 33122 |

**DO NOT WRITE IN THIS SPACE**

04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0773129
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAYES, SEAN
10031 N.W. 27 TERRACE
MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
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, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | DELANO, KEITH |
| STREET ADDRESS | PO BOX 226822 |
| CITY-ST-ZIP | MIAMI, FL 33122 |
| TITLE | V |
| NAME | REILLY, PATRICK |
| STREET ADDRESS | PO BOX 30573 |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33420 |
| TITLE | SD |
| NAME | JAMES, MOYER |
| STREET ADDRESS | 4974 SW 102 AVENUE |
| CITY-ST-ZIP | COOPER CITY, FL 33327 |
| TITLE | T |
| NAME | PASSERO, ROGER |
| STREET ADDRESS | 1901 N. ATLANTIC BLVD. #S513 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33305 |
| TITLE | D |
| NAME | HINMAN, SHAWN |
| STREET ADDRESS | 1849 CAPESIDE CIRCLE |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |
| TITLE | D |
| NAME | HAYES, SEAN |
| STREET ADDRESS | 10031 NW 27TERRACE |
| CITY-ST-ZIP | MIAMI, FL 33172 |

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04/29/06-80209-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** _____ 04/17/2006 786-301-3852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #