


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004727					
1. Entity Name FLORIDA ASSOCIATION OF DEPUTY SHERIFFS, LAW ENFORCEMENT AND AUXILIARY INC.					
Principal Place of Business 3871 NW 5TH STREET FORT LAUDERDALE FL 33311			Mailing Address 3871 NW 5TH STREET FORT LAUDERDALE FL 33311		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLEN, ESTELLA 3871 NW 5TH STREET FORT LAUDERDALE FL 33311			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, ESTELLA		NAME		
STREET ADDRESS	3871 N.W. 5 STREET		STREET ADDRESS	U00000477677	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		CITY-ST-ZIP	04/06/06-80060-021 61.25	
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWTON, RAYFIELD		NAME		
STREET ADDRESS	2945 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33916		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, NARVELL		NAME		
STREET ADDRESS	415 E. STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, KENNETH		NAME		
STREET ADDRESS	2444 MARY JEWETT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP		
TITLE	TFS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, GEORGE		NAME		
STREET ADDRESS	539 FRED GAMBLE WAY		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP		
TITLE	DBD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, ERNEST		NAME		
STREET ADDRESS	1380 S. CLARA AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ESTELLA ALLEN Estella Allen 3/18/06 954 583-6867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #