2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# N97000004727

Entity Name: FLORIDA ASSOCIATION OF DEPUTY SHERIFFS, LAW ENFORCEMENT AND AUXILIARY INC.

Current Principal Place of Business:

3871 NW 5TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

3871 NW 5TH STREET
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, ESTELLA
3871 NW 5TH STREET
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: ALLEN, ESTELLA
Address: 3871 N.W. 5 STREET
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: PT ( ) Delete
Name: JOHNSON, OLIVETT
Address: 3600 N.W. 41 STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VPT ( ) Delete
Name: WALTER, SOLOMON
Address: 4963 19TH AVENUE S.W.
City-St-Zip: NAPLES, FL 34116

Title: T ( ) Delete
Name: GRANT, KENNETH
Address: 2444 MARY JEWETT CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

Title: TFS ( ) Delete
Name: WATSON, GEORGE
Address: 539 FRED GAMBLE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: DBD ( ) Delete
Name: BARNESS, CHARLES
Address: 4160 SILVER SWORD COURT
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ESTELLA ALLEN ST 02/20/2009

Electronic Signature of Signing Officer or Director Date