

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000425

FILED
Feb 21, 2009
Secretary of State

Entity Name: INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC.

Current Principal Place of Business:

4314 HAMMERSMITH DR
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

4314 HAMMERSMITH DR
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3129798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, BRUCE G
4314 HAMMERSMITH DR
CLERMONT, FL 34711 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: P () Delete
Name: KICEINA, LARRY
Address: 2206 CAXTON AVE
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: KNAB, ROYAL 1ST
Address: 612 LAKE SPUR LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: BROWN, BRUCE G
Address: 4314 HAMMERSMITH DR
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: HART, JOE
Address: 249 SECRET WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: NABET, JOHN
Address: 17146 SE 117 CIRCLE
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP (X) Delete
Name: OSTLER, RICHARD
Address: 1050 NAVEL ORANGE DRIVE, N12
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSTLER, RICHARD
Address: 915 DOYLE RD., APT 310
City-St-Zip: DELTONA, FL 32725

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

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

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Name:
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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: BRUCE G BROWN

S

02/21/2009

Electronic Signature of Signing Officer or Director

Date