


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90206 022 ****61.25

DOCUMENT # N98000001748 1. Entity Name FLORIDA CORRECTIONS ACCREDITATION COMMISSION, INC.					
Principal Place of Business 7642 PLATHE RD NEW PORT RICHEY, FL 34653			Mailing Address 7642 PLATHE RD NEW PORT RICHEY, FL 34653		
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 59-3504338	
				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		
BOGART, KIM S 7642 PLATHE RD NEW PORT RICHEY, FL 34653			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>					
Filing Fee is \$61.25 Due by September 6, 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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, ROBERT E MAJ.		NAME	ROTH, RICHARD, SHERIFF	
STREET ADDRESS	P.O. BOX 1210		STREET ADDRESS	5525 COLLEGE RD	
CITY - ST - ZIP	GAINESVILLE, FL 326021210		CITY - ST - ZIP	KEY WEST, FL 33040	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALDROP, TAMMY, CPT.		NAME	HARVEY, DAVID F, SHERIFF	
STREET ADDRESS	P.O. BOX 24681		STREET ADDRESS	15 OAK ST	
CITY - ST - ZIP	WEST PALM BEACH, FL 334164681		CITY - ST - ZIP	CRAWFORDVILLE, FL 32327	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSTLE, ELECTA COS		NAME	HARBIN, GARY, LT.	
STREET ADDRESS	FDLE, 2331 PHILLIPS RD		STREET ADDRESS	3955 LEWIS SPEEDWAY	
CITY - ST - ZIP	TALLAHASSEE, FL 32308		CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEAMAN, ROBERT MAJ.		NAME	TIDWELL, MICHAEL A., MAJ.	
STREET ADDRESS	800 SE MONTEREY RD.		STREET ADDRESS	211 BUSH BLVD.	
CITY - ST - ZIP	STUART, FL 34994		CITY - ST - ZIP	SANFORD, FL 32773	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAFNER, NED		NAME	DAVENPORT, JOHN D., SHERIFF	
STREET ADDRESS	3955 LEWIS SPEEDWAY		STREET ADDRESS	7474 UTILITIES RD.	
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32084		CITY - ST - ZIP	PUNTA GORDA, FL 33982-2417	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	SMITH, GREG, MAJ.	
STREET ADDRESS			STREET ADDRESS	3301 TAMiami TR, EAST	
CITY - ST - ZIP			CITY - ST - ZIP	NAPLES, FL 34112	
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 <i>Kim S. Bogart</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			727-243-0991 <small>Daytime Phone #</small>		

ATTACHMENT 400 83192

**Florida Corrections Accreditation Commission, Inc.
BOARD OF COMMISSIONERS**

Chair: Sheriff Richard Roth

Executive Director: Kim S. Bogart

Roth, Richard, Sheriff (Director)
Monroe County Sheriff's Office
5525 College Road
Key West, FL 33040

**Harvey, David F., Sheriff
(Director)**
Wakulla County Sheriff's Office
15 Oak Street
Crawfordville, FL 32327

**John D. Davenport, Sheriff
(Director)**
Charlotte County Sheriff's Office
7474 Utilities Road
Punta Gorda FL 33982-2417

**Chapman, Robert E., Major
(Director)**
Alachua County Sheriff's Office
PO Box 1210
Gainesville, FL 32602-1210

**Harbin, Gary, Lieutenant
(Director)**
Marion County Sheriff's Office
P.O. Box 1987
Ocala, FL 34478

**Seaman, Robert, Major
(Director)**
Martin County Sheriff's Office
800 S.E. Monterey Road
Stuart, FL 34994

Smith, Greg, Major (Director)
Collier County Sheriff's Office
3301 Tamiami Trail, East
Naples, FL 34112

**Tidwell, Michael A., Major
(Director)**
Seminole County Sheriff's Office
211 Bush Blvd.
Sanford, FL 22773

**Waldrop, Tammy, Captain
(Director)**
Palm Beach County Sheriff's
Office
P.O. Box 24681
West Palm Beach, FL 33416-4681

**Bustle, Electra, Assistant
Commissioner, (Director)**
Florida Department of Law
Enforcement
2331 Phillips Road
Tallahassee, FL 32308

**Executive Director
Bogart, Kim S., (Managing
Director)**
7642 Plathe Road
New Port Richey 34653