


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90018 014 \*\*\*\*70.00

<b>DOCUMENT # N98000001748</b>	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



03262007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
BOGART, KIM S 7642 PLATHE RD NEW PORT RICHEY, FL 34653	

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, ROBERT E MAJ. P.O. BOX 1210 GAINESVILLE, FL 326021210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDROP, TAMMY CPT. P.O. BOX 24681 WEST PALM BEACH, FL 334164681 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTLE, ELECTA COS FDLE,2331 PHILLIPS RD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAFNER, NED 3955 LEWIS SPEED WAY SAINT AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GREG 3301 TAMiami TRAIL EAST NAPLES, FL 34112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KIM S. BOGART 7642 PLATHE RD. NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. DAVID F. HARVEY 15 OAK ST. CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. RON MCNESTBY 1700 W. LEONARD ST. PENSACOLA, FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. T. L. "TOMMY" SEAGRAVES 76001 BOBBY MOORE CIR. YULLEE, FL 32097 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ROBERT SEAMAN 800 S.E. MONTEREY RD. STUART, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MICHAEL A. TIDWELL 211 BUSH BLVD. SANFORD, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** Kimi S. Bogart 3/27/07 (727) 243-0991

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

ATTACHMENT

40044237

**Document # N98000001748**

**Florida Corrections Accreditation Commission, Inc.  
7642 Plathe Road  
New Port Richey, Florida 34653  
FEI Number: 59-3504338**

**Changes or Additions to the existing Officers/Directors in Block 10 of the 2007 Not-For-Profit Annual Report:**

**Change:**

Bustle, Electra  
DHSMV, Neil Kirkman Building, Room B-440  
2900 Apalachee Parkway, MS 01  
Tallahassee, FL 32399-0501

**Addition:**

Kilpatrick, Jeffrey  
14 N.E. 1<sup>st</sup> Street  
Gainesville, Florida 32601

**Addition:**

Susan H. Burdette  
Orange County Community Corrections  
P.O. Box 4970  
Orlando, Florida 32802-4970

**Addition:**

Davenport, John  
7474 Utilities Road  
Punta Gorda, Florida 33982-2417