

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005976

FILED
Apr 29, 2009
Secretary of State

Entity Name: LCSO CITIZEN'S ACADEMY ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

LEON COUNTY SHERIFF'S OFFICE
2825 MUNICIPAL WAY
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

PO BOX 727
TALLAHASSEE, FL 323020727

New Mailing Address:

FEI Number: 59-3558926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHR, MARY ANNA
3415 DEER LANE DR
TALLAHASSEE, FL 32312 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: GRAY, SHARON
Address: 2012 RIVERS RD
City-St-Zip: TALLAHASSEE, FL 32305

Title: V () Delete
Name: JOHNSTON, ARCHIE
Address: 814 416 WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: MOHR, MARY ANNA
Address: 3415 DEER LANE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: STRICKLAND, BETTE
Address: P.O. BOX 1515
City-St-Zip: WOODVILLE, FL 32362

Title: D () Delete
Name: BYARS, PATTI
Address: 4425 MEANDERING WAY 507-05
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: JORDON, GRADY SR
Address: 5277 BULK LAKE RD
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: CLONINGER, SONYA
Address: 4922 HIGHGROVE RD.
City-St-Zip: TALLAHASSEE, FL 32309

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: D (X) Change () Addition
Name: SACHS, WERNER
Address: 3175 SHAMROCK EAST
City-St-Zip: TALLAHASSEE, FL 32309

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: MARY ANNA MOHR

TRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date