

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005976

FILED
Feb 17, 2012
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:

CLONINGER, SONYA
4922 HIGHGROVE RD.
TALLAHASSEE, FL 32309 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
Name: FODER, ROSEMARY
Address: P.O. BOX 180283
City-St-Zip: TALLAHASSEE, FL 32309

Title: V
Name: SACHS, WERNER
Address: 3175 SHAMROCK E.
City-St-Zip: TALLAHASSEE, FL 32309

Title: T
Name: CLONINGER, SONYA
Address: 4922 HIGHGROVE RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: DARLING, JESSICA
Address: 3873 GAFFNEY
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: STYLES, GEOFFREY
Address: 328 LEXINGTON RD.
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: SONYA CLONINGER

TREA

02/17/2012

Electronic Signature of Signing Officer or Director

Date