

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006783

1. Entity Name
**GAINESVILLE POLICE DEPARTMENT ASSOCIATION OF
RETIRED POLICE OFFICERS, INC.**



Principal Place of Business
**721 N.W. 6TH ST.
GAINESVILLE, FL 32602**

Mailing Address
**P.O. BOX 1250, STATION #50
GAINESVILLE, FL 32602**

DO NOT WRITE IN THIS SPACE



03252007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3549121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, COURTNEY A
721 N.W. 6TH ST.
GAINESVILLE, FL 32602**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, COURTNEY A
STREET ADDRESS	5523 S.W. 37TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	VP
NAME	CREWS, WILLIAM J
STREET ADDRESS	115 WILLOW LANE
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	S
NAME	PRESLEY, JANET E
STREET ADDRESS	1520 NW 156TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 326094056
TITLE	T
NAME	RAYMOND, DAVIS M JR.
STREET ADDRESS	14900 NW 46TH AVENUE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	MITCHELL, ROBERT
STREET ADDRESS	10116 NW 6TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D
NAME	WOODROW, JAMES W
STREET ADDRESS	6715 W. 23RD. AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32606

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04/04/07-00016-002 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

3/26/2007 352-332-7784