

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90029 008 ****70.00

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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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212008

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ROBERTS, COURTNEY A**
STREET ADDRESS **5523 S.W. 37TH LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **VP** ☐ Delete
NAME **CREWS, WILLIAM J**
STREET ADDRESS **115 WILLOW LANE**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

TITLE **S** ☒ Delete
NAME **PRESLEY, JANET E**
STREET ADDRESS **1520 NW 156TH AVE.**
CITY-ST-ZIP **GAINESVILLE, FL 326094056**

TITLE **T** ☒ Delete
NAME **RAYMOND, DAVIS M JR.**
STREET ADDRESS **14900 NW 46TH AVENUE**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE **D** ☐ Delete
NAME **MITCHELL, ROBERT**
STREET ADDRESS **10116 NW 6TH PLACE**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **D** ☐ Delete
NAME **WOODROW, JAMES W**
STREET ADDRESS **6715 W. 23RD. AVENUE**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** ☒ Change ☐ Addition
NAME **Janet E. Larson**
STREET ADDRESS **1520 N.W. 156th Ave.**
CITY-ST-ZIP **Gainesville, FL 32609-4056**

TITLE **TS** ☒ Change ☐ Addition
NAME **Janet E. Larson**
STREET ADDRESS **1520 N.W. 156th Ave.**
CITY-ST-ZIP **Gainesville, FL 32609-4056**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Courtney A. Roberts* **COURTNEY A. Roberts, Pres** 01/31/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-
214-6868