

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006783

FILED
Jun 26, 2009
Secretary of State

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

Current Principal Place of Business:

721 N.W. 6TH ST.
GAINESVILLE, FL 32602

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3549121 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, COURTNEY A
721 N.W. 6TH ST.
GAINESVILLE, FL 32602 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: ROBERTS, COURTNEY A
Address: 5523 S.W. 37TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Delete
Name: CREWS, WILLIAM J
Address: 115 WILLOW LANE
City-St-Zip: HAWTHORNE, FL 32640

Title: TS () Delete
Name: LARSON, JANET E
Address: 1520 NW 156TH AVE.
City-St-Zip: GAINESVILLE, FL 326094056

Title: D () Delete
Name: RAYMOND, DAVIS M JR.
Address: 14900 NW 46TH AVENUE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: MITCHELL, ROBERT
Address: 10116 NW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: WOODROW, JAMES W
Address: 6715 W. 23RD. AVENUE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: COURTNEY A. ROBERTS

P

06/26/2009

Electronic Signature of Signing Officer or Director

Date