2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002786

FILED Jan 30, 2009 Secretary of State

Entity Name: CRESTVIEW OFFICIALS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 1487 123 PINOAK CT E CRESTVIEW, FL 32536 CRESTVIEW, FL 32539 **Current Mailing Address: New Mailing Address:** P. O. BOX 1487 CRESTVIEW, FL 325361487 FEI Number: 59-3475848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARKS, MICHAEL L 123 PINOAK COURT E CRESTVIEW, FL 325398316 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PATTEN, JACK Name: Name: Address: 4969 ANTIOCH RD Address: City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: Title: STD () Delete Title: () Change () Addition Name: PARKS, MICHAEL L Name: Address: 123 PINOAK CT E \ Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: Title: () Delete Title: () Change () Addition BYRD, HUBBART Name: Name: 6080 W. DOGWOOD DR. Address: Address: City-St-Zip: CRESTVIEW, FL 32536 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: MICHAEL L. PARKS STD 01/30/2009