

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003623

FILED
Jan 22, 2009
Secretary of State

Entity Name: FLORIDA HIGHWAY PATROL ADVISORY COUNCIL, INC.

Current Principal Place of Business:

2900 APALACHEE PKWY
ROOM A-437
TALLAHASSEE, FL 32399 US

New Principal Place of Business:

Current Mailing Address:

2900 APALACHEE PKWY
ROOM A-437
TALLAHASSEE, FL 32399 US

New Mailing Address:

FEI Number: 59-3633580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, JUDSON M
DEPT. OF HWY. SAFETY & MOTOR VEHICLES
NEIL KIRKMAN BLDG., RM. 432
TALLAHASSEE, FL 323990500 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: S () Delete
Name: BREWER, HAROLD
Address: 27 TAMARIND LANE
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: GONZMART, RICHARD
Address: 2025 EAST 7TH AVE
City-St-Zip: TAMPA, FL 33605

Title: P () Delete
Name: SMITH, VERNON D
Address: 1600 S FEDERAL HWY
City-St-Zip: FORT PIERCE, FL 34950

Title: VP () Delete
Name: BARNETT, STEVE
Address: 2770 INDIAN RIVER BLVD SUTIE 201
City-St-Zip: VERO BEACH, FL 32960

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:

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: VERNON D. SMITH

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date