

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90008 044 ****61.25

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1. Entity Name
THE PINELLAS PARK CITIZENS' POLICE ACADEMY ALUMNI ASSOCIATION, INC.



Principal Place of Business
 P.O. BOX 1100
 PINELLAS PARK, FL 33780-1100

Mailing Address
 P.O. BOX 1100
 PINELLAS PARK, FL 33780-1100

54063307



DO NOT WRITE IN THIS SPACE

07132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3637559	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WAGGONER, BOB
 7990 POWDER HORN CIR
 LARGO, FL 33773

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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 \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGGONER, BOB 7990 POWDER HORN CIR LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGGONER, BEVERLY SUBATCH, WINIFRED 7994 POWDERHORN 5440 LARCHMONT COURT PINELLAS PARK, FL 33782 LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGGONER, BOB 7994 POWDERHORN CIR. LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAUNDERS, HELEN 8703 BARDMOOR BLVD, #106 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUBATCH, ALEXANDRA J 5440 LARCHMONT COURT PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bob Waggoner **7/19/04** **541 0760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #