


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005134

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
--	--

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3637559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WAGGONER, BOB
7994 POWDERHORN CIR
LARGO, FL 33773**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	D FEDER, KAREN 3200 74 AVE N 23 SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGGONER, BOB 7994 POWDERHORN CIR. LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PATRICIA 10542 OAKHAVEN DR PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELONG, WILLIAM R 6252 68TH AVE N PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAGGONER, BEVERLY 7994 POWDERHORN LARGO, FL 33773

U00000586647
01/17/07-80001-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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: George R Waggoner **GEORGE R BOB WAGGONER** 1/16/07 7275410760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #