

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36997

FILED
Mar 24, 2004
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PRETRIAL SERVICES AGENCIES, INC.

Current Principal Place of Business:

3182 SHAMROCK ST E
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

PO BOX 13913
TALLAHASSEE, FL 323173913

New Mailing Address:

FEI Number: 65-0317958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTINE, DAVE
3217 ATLANTIC BLVD
JACKSONVILLE, FL 32207

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARLISLE, CARY
Address: 1745 WEST LEONARD STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VP () Delete
Name: ESTES, AL SR
Address: 13790 49TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33762

Title: T () Delete
Name: CAPENER, ROGER
Address: 9861 NW 51 LANE
City-St-Zip: MIAMI, FL 33178

Title: VP () Delete
Name: REED, RICO
Address: 6155 S FLORIDA AVE #7
City-St-Zip: LAKE LAND, FL 33813

Title: S () Delete
Name: STINES, JUDY
Address: 5560 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVID, VALENTINE
Address: 3217 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Change () Addition
Name: MONCRIEF, BRUCE
Address: 3910 S JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL 32839

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID VALENTINE

P

03/24/2004

Electronic Signature of Signing Officer or Director

Date