# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 15, 2006**
**Secretary of State**

DOCUMENT# S36997

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

**Current Principal Place of Business:**

3217 ATLANTIC BLVD
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

3217 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

**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 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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: LAKELAND, FL 33813

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ED ( ) Change (X) Addition
Name: DORSETT, CHARLES E
Address: 4415 YARMOUTH PLACE
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. DORSETT ED 05/15/2006

Electronic Signature of Signing Officer or Director Date