

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36997

FILED  
Apr 29, 2007  
Secretary of State

**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

**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: LAKE LAND, FL 33813

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

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

**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: ( ) 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 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

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date