

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000648

Entity Name: THE COMMISSION FOR FLORIDA LAW ENFORCEMENT
ACCREDITATION, INC.**Current Principal Place of Business:**2331 PHILLIPS RD
TALLAHASSEE, FL 32308**Current Mailing Address:**2331 PHILLIPS RD
TALLAHASSEE, FL 32308 US**FEI Number: 59-3308040****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, JASON
2900 APALACHEE PARKWAY, A-432
TALLAHASSEE, FL 32399 US*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:** JASON JONES

03/10/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---|
| Title | EXECUTIVE DIRECTOR |
| Name | MIZELL, LORI |
| Address | 2331 PHILLIPS RD |
| City-State-Zip: | TALLAHASSEE FL 32308 |
| Title | OTHER |
| Name | ADKINSON, MIKE |
| Address | 752 TRIPLE G ROAD WALTON COUNTY SHERIFF'S OFFICE |
| City-State-Zip: | DEFUNIAK SPRINGS FL 32435 |
| Title | OTHER |
| Name | ASHLEY, LARRY |
| Address | 1250 EGLIN PKWY |
| City-State-Zip: | SHALIMAR FL 32579 |
| Title | OTHER |
| Name | LOAR, DERYL |
| Address | 4055 41ST AVENUE |
| City-State-Zip: | VERO BEACH FL 32960 |

| | |
|-----------------|-------------------------|
| Title | OTHER |
| Name | CASE, DAWN |
| Address | THE CAPITOL, ROOM 2103 |
| City-State-Zip: | TALLAHASSEE FL 32399 |
| Title | OTHER |
| Name | CHUDNOW, JEFFREY |
| Address | 300 ALEXANDRIA BLVD. |
| City-State-Zip: | OVIEDO FL 32765 |
| Title | OTHER |
| Name | HOLLOWAY, ANTHONY |
| Address | 1300 FIRST AVENUE N |
| City-State-Zip: | ST. PETERSBURG FL 33705 |
| Title | OTHER |
| Name | NORMAN-VACHA, JENNENE |
| Address | 201 HOWELL AVENUE |
| City-State-Zip: | BROOKSVILLE FL 34601 |

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORI MIZELL

EXECUTIVE DIRECTOR

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OTHER
Name RAMSAY, RICK
Address 5525 COLLEGE ROAD
City-State-Zip: KEY WEST FL 33040

Title OTHER
Name LEON, LAWRENCE
Address 330 FOREST HILL BLVD. SUITE 127-B
City-State-Zip: WEST PALM BEACH FL 33406

Title OTHER
Name PENDERGRASS, CECIL
Address P.O. BOX 398
City-State-Zip: FT. MYERS FL 33902

Title OTHER
Name FOSTER, ROBERT
Address 76347 VETERANS WAY, SUITE 3061
City-State-Zip: YULEE FL 32097

Title OTHER
Name MORRIS, MICHELLE
Address 1225 MAIN STREET
City-State-Zip: SEBASTIAN FL 32958

Title OTHER
Name ETHERIDGE, JAY
Address 200 EAST GAINES STREET
City-State-Zip: TALLAHASSEE FL 32399