

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Apr 01 1996 8:00 am  
Secretary of State

**DOCUMENT # 705203 (8)**  
1. Corporation Name  
**FLORIDA PROSECUTING ATTORNEY'S ASSOCIATION INC.**



Principal Place of Business: 2020 CAPITAL CIRCLE SE, ALEXANDER BLDG. RM 302, TALLAHASSEE FL 32301 US  
Mailing Address: P O BOX 1673, SUITE 400, ORLANDO FL 32802 US

3. Date Incorporated or Qualified: 02/04/1963  
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 23-7131671  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [ ] No [x]

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

HILL, JERRY  
255 NORTH BROADWAY,  
2ND FLOOR  
BARTOW FL 33830

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAMAR, LAWSON L	
STREET ADDRESS	250 N ORANGE AVE STE 900	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOLFINGER, NORMAN R	
STREET ADDRESS	700 S PARK AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MORELAND, EARL	
STREET ADDRESS	2071 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCABE, BERNIE	
STREET ADDRESS	5100-144TH AVE N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LAWSON L LAMAR

27 March 96 (407) 836-2424  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (12/95)