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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705203 (8)

1. Corporation Name
FLORIDA PROSECUTING ATTORNEY'S ASSOCIATION, INC.



Principal Place of Business 111 N. GADSDEN STREET #200 TALLAHASSEE FL 32301 US	Mailing Address 111 N. GADSDEN STREET #200 ORLANDO FL 32301 US
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3. Date Incorporated or Qualified 02/04/1963	
4. FEI Number 23-7131671	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 107 West Gaines Suite, Apt. #, etc. 22 Suite 531 23 Tallahassee, FL 24 32399-6549 25 USA	2a. Mailing Address 26 107 West Gaines St. 27 Suite 531 28 Tallahassee, FL 29 32399-6549 30 USA
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9. Name and Address of Current Registered Agent

**URSE, STEVE
111 N. GADSDEN STREET #200 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name Urse, Stephen W.	
82 Street Address (P.O. Box Number is Not Acceptable) 107 West Gaines Street	
83 Suite 531	
84 City Tallahassee	85 Zip Code FL 32399-6549

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: *Stephen W. Urse, Jr. Jan 24, 1998* Note: The Address is different; the registered agent is the same.

Signature, by self or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE SD	NAME LAMAR, LAWSON L	STREET ADDRESS 250 N ORANGE AVE STE 900	CITY-ST-ZIP ORLANDO FL	<input type="checkbox"/> DELETE
TITLE VPD	NAME MCCABE, BERNIE	STREET ADDRESS 5100-144TH AVE. N	CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE PD	NAME MORELAND, EARL	STREET ADDRESS 2071 RINGLING BLVD.	CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE SD	NAME MCCABE, BERNIE	STREET ADDRESS 5100-144TH AVE N	CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE TD	NAME KING, BRAD	STREET ADDRESS 19 NW PINE AVENUE	CITY-ST-ZIP OCALA FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD	1.2 NAME LAMAR, LAWSON	1.3 STREET ADDRESS 250 N. Orange Ave., Ste. 900	1.4 CITY-ST-ZIP Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE PD	2.2 NAME MCCABE, BERNIE	2.3 STREET ADDRESS 14250 49th St., North	2.4 CITY-ST-ZIP Clearwater, FL 34620	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE SD	3.2 NAME SMITH, ROD	3.3 STREET ADDRESS 120 W. University Ave.	3.4 CITY-ST-ZIP Gainesville, FL 32602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE TD	5.2 NAME KING, BRAD	5.3 STREET ADDRESS 19 NW Pine Ave. - Ocala, FL	5.4 CITY-ST-ZIP 32670	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Brad King* 1/28/98 (352) 620 3700

CR2E037 (10/97)