

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705203

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

Principal Place of Business 107 WEST GAINES STE 531 TALLAHASSEE FL 32399-6549 US	Mailing Address 107 WEST GAINES ST STE 531 ORLANDO FL 32399-6549 US
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2. Principal Place of Business 21 107 W. Gaines St Suite, Apt. #, etc. 22 Ste. 119 City & State 23 Tallahassee, Fl Zip 24 32399-1050	2a. Mailing Address 26 107 W. Gaines St. Suite, Apt. #, etc. 27 Ste. 119 City & State 28 Tallahassee, Fl Zip 29 32399-1050	3. Date Incorporated or Qualified 02/04/1963	4. FEI Number 23-7131671	Applied For 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	

9. Name and Address of Current Registered Agent URSE, STEPHEN W 107 WEST GAINES ST STE 531 TALLAHASSEE FL 32399	10. Name and Address of New Registered Agent 81 Name Urse, Stephen W. 82 Street Address (P.O. Box Number is Not Acceptable) 107 W. Gaines Street 83 Suite 119 84 City Tallahassee FL 85 Zip Code 32399-1050
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD LAWSON, LAMAR 250 N ORANGE AVE, STE 900 ORLANDO FL 32801	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD MCCABE, BERNIE 14250 49TH ST NORTH CLEARWATER FL 34620	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD SMITH, ROD 120 W UNIVERSITY AVE GAINESVILLE FL 32602	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD MCCABE, BERNIE 5100-144TH AVE N CLEARWATER FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD KING, BRAD 19 NW PINE AVE OCALA FL 32670	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Brad King 1/29/99 (352) 620-3704

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