

DOCUMENT # 705203

1. Entity Name

FLORIDA PROSECUTING ATTORNEY'S ASSOCIATION, INC.

FILED Jun 05, 2000 8:00 am Secretary of State

02-11-2000 90026 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

107 WEST GAINES STE 119 TALLAHASSEE FL 32399-1050 US

107 WEST GAINES STE 119 TALLAHASSEE FL 32399-0549 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

107 West Gaines Street

3. Mailing Address

107 West Gaines Street

Suite, Apt. #, etc.

Suite 119

Suite, Apt. #, etc.

Suite 119

City & State

Tallahassee, Fl

City & State

Tallahassee, Fl

4. FEI Number

23-7131671

Applied For

Not Applicable

Zip

32399-1050

Country

Leon

Zip

32399-1050

Country

Leon

6. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URSE, STEPHEN W 107 WEST GAINES ST STE 119 TALLAHASSEE FL 32399

Name Urse, Stephen W.

Street Address (P.O. Box Number is Not Acceptable)

107 West Gaines Street Suite 119

City Tallahassee

FL Zip Code 32399-1050

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

VPD LAWSON, LAMAR 250 N ORANGE AVE, STE 900 ORLANDO FL 32801

VPD Smith, Rod P.O. Box 1437 Gainesville, Fl 32602-1437

PD MCCABE, BERNIE 14250 49TH ST NORTH CLEARWATER FL 34620

PD King, Brad 19 N.W. Pine Avenue Ocala, Fl 34475

SD SMITH, ROD 120 W. UNIVERSITY AVE GAINESVILLE FL 32602

SD Blair, Jerry P.O. Drawer 1546 Live Oak, Fl 32060

TD KING, BRAD 19 NW PINE AVE Ocala FL 32670

TD Colton, Bruce 411 South Second Street Ft. Pierce, Fl 34950

(Empty row for officers/directors)

(Empty row for additions/changes)

(Empty row for officers/directors)

(Empty row for additions/changes)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11, changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: Brad King, Brad King, President

(800) 488-3070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR