

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744629** (7)
1. Corporation Name
STUART POLICE OFFICERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
830 MARTIN LUTHER KING BLVD **830 MARTIN LUTHER KING BLVD**
P.O. BOX 95-3221 **P.O. BOX 95-3221**
STUART FL 34994-2408 **STUART FL 34994-2408**

3. Date incorporated or Qualified 10/18/1978	3a. Date of Last Report 01/27/1994
4. FEI Number 59-2113178	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt # etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent
JACOBSON, MARTIN
830 MARTIN LUTHER KING BLVD
STUART FL 34994

10. Name and Address of New Registered Agent
81 Name **ROBERT E ALLEN**
82 Street Address (P.O. Box Number is Not Acceptable)
830 MARTIN LUTHER KING Blvd
83
84 City **Stuart** FL 85 Zip Code **34994**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0505, Florida Statutes.
SIGNATURE **ROBERT E ALLEN** *Robert E Allen* PRES DATE **01-25-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD JACOBSON, MARTIN 2581 MARSEILLE ST PT ST LUCIE FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	P.O. ROBERT E ALLEN 830 Martin Luther King Stuart FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD BOB ALLEN 830 MARTIN LUTHER KING STUART FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	VD KIM MASOR 830 Martin Luther King Stuart FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S DUDENHOEFFER, JAY LEE 830 MARTIN LUTHER KING STUART FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	S Bill Pecci 830 Martin Luther King Stuart FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	T SEABER, PAUL 830 MARTIN LUTHER KING STUART FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D HARMER, TOM 830 MARTIN LUTHER KING STUART FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D PECCI, WILLIAM 830 MARTIN LUTHER KING STUART FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	STEVE GRAFF 830 MARTIN LUTHER KING STUART FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 (firm) named to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROBERT E. ALLEN** *Robert E Allen* PRES DATE **01-25-95** (407) 220-3314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR