

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

DOCUMENT # 744629 (7)

1. Corporation Name

STUART POLICE OFFICERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 10/18/1978	3a. Date of Last Report 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

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 if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROBERT E. ALLEN 830 MARTIN LUTHER BLVD STUART FL	11 TITLE	S Lisa Holmes 830 Martin Luther King, Jr. Blvd. Stuart, FL 34994-2408
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD KIM MAJOR 830 MARTIN LUTHER KING STUART FL	21 TITLE	T Lucille Bosshard 830 Martin Luther King, Jr. Blvd. Stuart, FL 34994-2408
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	S BILL PECCI 830 MARTIN LUTHER KING STUART FL	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	T SEABER, PAUL 830 MARTIN LUTHER KING STUART FL	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D HARMER, TOM 830 MARTIN LUTHER KING STUART FL	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	D STEVE GRAFF 830 MARTIN LUTHER KING STUART FL	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature) _____ (Typed Name)
Date: **02-02-96** Daytime Phone #: **407-220-3914**

CR2E037 (12/95)