


FILE NOW: FILING FEE IS \$61.25

FILED  
May 28 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 744629 (7)**

1. Corporation Name  
**STUART POLICE OFFICERS ASSOCIATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>830 MARTIN LUTHER KING BLVD<br/>P.O. BOX 95-3221<br/>STUART FL 34994-2408</b> | Mailing Address<br><b>830 MARTIN LUTHER KING BLVD<br/>P.O. BOX 95-3221<br/>STUART FL 34994-2408</b> |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |                                    |                         |
|--|------------------------------------|-------------------------|
| 3. Date Incorporated or Qualified<br><b>10/18/1978</b>   | 4. FEI Number<br><b>59-2113178</b> | Applied<br>Not Applied  |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b>                      | Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b>                      | May be Added to Fee     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |                         |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                         |

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

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 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 |  |
| TITLE                      | PD<br>ROBERT E. ALLEN<br>830 MARTIN LUTHER BLVD<br>STUART FL           | 1.1 TITLE                                       |  |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                              |  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                 |  |
| TITLE                      | VD<br>KIM MAJOR<br>830 MARTIN LUTHER KING<br>STUART FL                 | 2.1 TITLE                                       |  |
| NAME                       |  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                              |  |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                 |  |
| TITLE                      | S<br>HOLMES, LISA<br>830 MARTIN LUTHER KING, JR. BLVD<br>STUART FL     | 3.1 TITLE                                       |  |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                              |  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                 |  |
| TITLE                      | T<br>BOSSHARD, LUCILLE<br>830 MARIN LUTHER KIND, JR. BLVD<br>STUART FL | 4.1 TITLE                                       |  |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                              |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                 |  |
| TITLE                      | D<br>HARMER, TOM<br>830 MARTIN LUTHER KING<br>STUART FL                | 5.1 TITLE                                       |  |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                              |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                 |  |
| TITLE                      | D<br>STEVE GRAFF<br>830 MARTIN LUTHER KING<br>STUART FL                | 6.1 TITLE                                       |  |
| 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 no 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

5/12/98 (561) 220 3914