


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 744629**  
1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2113178	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PORCELLI, JAYLEE**  
830 MARTIN LUTHER KING BLVD  
STUART, FL 34994

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Jaylee Porcelli* DATE: 1/4/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARNHAM, TAMMY 830 MARTIN LUTHER KING BLVD STUART, FL 349942408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUMMINELLI, JOSEPH 830 MARTIN LUTHER KING BLVD STUART, FL 349942408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLMES, LISA 830 MARTIN LUTHER KING, JR. BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORCELLI, JAYLEE 830 MARTIN LUTHER KING BLVD STUART, FL 349942408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLAIN, GEORGE 830 MARTIN LUTHER KING BLVD STUART, FL 349942408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDICK, JOHN 830 MARTIN LUTHER KING BLVD STUART, FL 349942408

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01/10/05-80005-009 61.25

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12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George McClain* DATE: 1-4-05 DAYTIME PHONE #: 772-220-3918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR