


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 765095
 1. Entity Name
POLICE RESERVE ASSOCIATION OF FLORIDA, INC.



Principal Place of Business 3348 NORTHBROOKE LANE TALLAHASSEE, FL 32309	Mailing Address 3348 NORTHBROOKE LANE TALLAHASSEE, FL 32309
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01082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2761105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHIPLEY, JOHN A
 3348 NORTHBROOKE LANE
 TALLAHASSEE, FL 32309

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 CHIPLEY, JOHN A 3348 NORTHBROOKE LANE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVY, DAWN 5901 APPECROSS STREET, N. ST. PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILTON, JONATHAN W 3808 S.E. LOWER ST. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, FRED 125 MCIVER LANE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/12/05-80008-012 61.25

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: Fred J Hall **1-8-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #