

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

**FILED**

03 JUN 10 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3348 NORTHBROOKE LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**3348 NORTHBROOKE LANE**  
Suite, Apt. #, etc.

City & State  
**TALLAHASSEE FL.**

City & State  
**FLORIDA**

Zip  
**32309**

Country  
**US**

Zip  
**32309**

Country  
**US**

**900021279849**  
07/02/09--01071--028 \*\*\$61.25  
DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-2761105**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

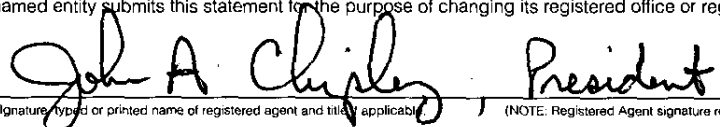
Name  
**JOHN A. CHIPLEY**

Street Address (P.O. Box Number is Not Acceptable)  
**3348 NORTHBROOKE LANE**

City  
**TALLAHASSEE** FL Zip Code  
**32309**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE  **President** DATE **6-10-03**

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

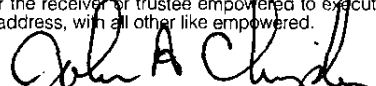
**FEE IS \$61.25**  
Initial or Amended UBR

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS                     |  |  |                                       |
|--|--|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>JOHN A. CHIPLEY<br/>3348 NORTHBROOKE LANE<br/>TALLAHASSEE, FL 32309</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>DAWN LEVY<br/>5901 APPLECROSS STREET N.<br/>ST. PETERSBURG, FL 33709</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>JONATHAN W. MILTON<br/>3808 S.E. LOWER STREET<br/>STUART, FL 34997</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>FRED HALL<br/>125 MCIVER LANE<br/>ROCKLEDGE, FL 32955</b>                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN A. CHIPLEY** DATE **6-10-03** **850-980-4755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037B (12/01)