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Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15084 (9)

1. Corporation Name
STATE OF FLORIDA, LADIES AUXILIARY, FRATERNAL ORDER OF POLICE, INC.



Principal Place of Business 2212 PALM TREE DR. PUNTA GORDA FL 33950	Mailing Address 2212 PALM TREE DR. PUNTA GORDA FL 33950-5008
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3. Date Incorporated or Qualified 05/23/1986	3a. Date of Last Report 02/26/1996
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2. Principal Place of Business 21 3951 LAURELWOOD DR.	2a. Mailing Address 26 3951 LAURELWOOD DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State JACKSONVILLE, FLA.	28 City & State JACKSONVILLE, FLA.
24 Zip 32257	25 Country
29 Zip 32257	30 Country

4. FEI Number 59-3612110	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent

WESTLAKE, MARY
2212 PALM TREE DRIVE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name ELAINE GLADDEN
82 Street Address (P.O. Box Number is Not Acceptable) 3951 LAURELWOOD DR.
83
84 City JACKSONVILLE
85 Zip Code FL 32257

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 ELAINE GLADDEN DATE 7-15-97

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

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	WIGGINS, ALEIDA
STREET ADDRESS	525 S.W. 2ND AVE
CITY-ST-ZIP	LAKE BUTLER FL 32054
TITLE	SD <input type="checkbox"/> DELETE
NAME	WESTLAKE, MARY
STREET ADDRESS	2212 PALM LAKE DRIVE
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	TD <input type="checkbox"/> DELETE
NAME	BIVENS, CAUNEY
STREET ADDRESS	1103 LONGWOOD OAKS BLVD
CITY-ST-ZIP	LAKELAND FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	VOGEL, MINERVA
STREET ADDRESS	5101 ALMAR DR.
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELAINE GLADDEN
2.3 STREET ADDRESS	3951 LAURELWOOD DR.
2.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32257
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATTI MEYNE
3.3 STREET ADDRESS	STAR RTE. 2 BOX 164
3.4 CITY-ST-ZIP	SATSUMA, FLA. 32189
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JEAN ANDREU
4.3 STREET ADDRESS	456 TORRINGTON ST.
4.4 CITY-ST-ZIP	PORT CHARLOTTE, FLA. 33954
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, on an attachment with an address.

CR2E037 (9/96)