

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathran
Secretary of State
DIVISION OF CORPORATIONS

AS...
FILED

MAY - 1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004480 (9)**

LAKE WORTH CITIZEN POLICE ACADEMY ALUMNI ASSOCIA
TION, INC.

Principal Place of Business	Mailing Address
120 N 'G' STREET LAKE WORTH FL 33460	120 N 'G' STREET LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/13/1994	
4. FEI Number	Applied For
65-0522363	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 380
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 Lake Worth FL
Zip	Country
24	25
29 33460	30

9. Name and Address of Current Registered Agent

ROMANO, RODNEY G
1005 LAKE AVE
SUITE 2
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSPE, STEPHEN	12 NAME	JOHNSTON, RICHARD
STREET ADDRESS	1331 NORTH 'M' ST	13 STREET ADDRESS	1754 SOUTH RD
CITY, ST, ZIP	LAKE WORTH FL 33460	14 CITY, ST, ZIP	LAKE WORTH, FL 33460
TITLE	D	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, RICHARD	16 NAME	
STREET ADDRESS	1775 SOUTH RD	17 STREET ADDRESS	
CITY, ST, ZIP	LAKE WORTH FL 33460	18 CITY, ST, ZIP	
TITLE	D	19 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULTS, SUE	20 NAME	MOSIER, MEL
STREET ADDRESS	120 NORTH 'G' STREET	21 STREET ADDRESS	120 NORTH 'G' STREET
CITY, ST, ZIP	LAKE WORTH FL 33460	22 CITY, ST, ZIP	LAKE WORTH, FL 33460
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY, ST, ZIP		26 CITY, ST, ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY, ST, ZIP		30 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY, ST, ZIP		38 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), 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 manager 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, or as an attachment with an address.

SIGNATURE: *Richard Ramos* Richard Ramos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (407) 582-1217
Date