

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000001832 (3)

1. Corporation Name  
**APOPKA CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
112 E. 6TH ST. APOPKA FL 32703

3. Date Incorporated or Qualified **04/12/1995** 3a. Date of Last Report **N/A**

2. Principal Place of Business 2a. Mailing Address  
21 **Same** 26 **Same**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-3325253** Applied For Not Applicable

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MCQUEEN, MARILYN A.U.  
11 E. ALBATROSS ST.  
APOPKA FL 32712**

10. Name and Address of New Registered Agent  
81 Name **Same**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P Director</b>	1.1 TITLE	<b>Same</b>
NAME	<b>MCQUEEN, MARILYN A.U.</b>	1.2 NAME	
STREET ADDRESS	<b>11 E. ALBATROSS ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<b>Secretary Director</b>
NAME	<b>SACKS, MARJORIE</b>	2.2 NAME	<b>Watson, Teresa</b>
STREET ADDRESS	<b>1334 CHEBON CT.</b>	2.3 STREET ADDRESS	<b>P.O.Box 1198 N/A</b>
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	2.4 CITY-ST-ZIP	<b>Plymouth, FL. 32768</b>
TITLE	<b>T</b>	3.1 TITLE	<b>Treasurer Director</b>
NAME	<b>SCHIEFERSTIN, ROBERT</b>	3.2 NAME	<b>Coell, Earl</b>
STREET ADDRESS	<b>1008 OLD MAGNOLIA COVE</b>	3.3 STREET ADDRESS	<b>1836 Concord Dr.</b>
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	3.4 CITY-ST-ZIP	<b>Apopka, FL. 32703</b>
TITLE	<b>V.P. Director</b>	4.1 TITLE	<b>Vice Pres. Director</b>
NAME	<b>Dean, Billie</b>	4.2 NAME	<b>Hlinak, Edward</b>
STREET ADDRESS	<b>1526 Solway Court</b>	4.3 STREET ADDRESS	<b>1065 Errol Parkway</b>
CITY-ST-ZIP	<b>Apopka, Florida 32712</b>	4.4 CITY-ST-ZIP	<b>Apopka, Florida 32712</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: *Marilyn A. Usher McQueen* Date: **1-23-96** Daytime Phone #: **407-889-3166**

CR2E037 (12/95)