

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N95000001832 (3)**  
1. Corporation Name  
**APOPKA CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.**



Principal Place of Business <b>112 E. 6TH ST. APOPKA FL 32703</b>	Mailing Address <b>112 E. 6TH ST. APOPKA FL 32703-5318</b>
--	---

3. Date Incorporated or Qualified <b>04/12/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3325253</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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  
**MRS. SUSAN BOWMAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1660 CEDAR GLEN DRIVE**  
83  
84 City  
**APOPKA** FL 85 Zip Code  
**32712**

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, and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **SUSAN BOWMAN, PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **1/7/97**

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MCQUEEN, MARILYN A.U.</b>	
STREET ADDRESS <b>11 E. ALBATROSS ST.</b>	
CITY-ST-ZIP <b>APOPKA FL 32712</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WATSON, TERESA</b>	
STREET ADDRESS <b>PO BOX 1198</b>	
CITY-ST-ZIP <b>PLYMOUTH FL 32768</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>COELL, EARL</b>	
STREET ADDRESS <b>1836 CONCORD DR</b>	
CITY-ST-ZIP <b>APOPKA FL 32703</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE
NAME <b>HLINAK, EDWARD</b>	
STREET ADDRESS <b>1065 ERROL PARKWAY</b>	
CITY-ST-ZIP <b>APOPKA FL 32712</b>	
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 <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>BOWMAN, SUSAN</b>	
1.3 STREET ADDRESS <b>1660 CEDAR GLEN DRIVE</b>	
1.4 CITY-ST-ZIP <b>APOPKA, FL. 32712</b>	
2.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>JAFFE, HERMINE</b>	
2.3 STREET ADDRESS <b>4177 GREENBLUFF COURT</b>	
2.4 CITY-ST-ZIP <b>ZELLWOOD, FL. 32798</b>	
3.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>COELL, EARL</b>	
3.3 STREET ADDRESS <b>1836 CONCORD DRIVE</b>	
3.4 CITY-ST-ZIP <b>APOPKA, FL. 32703</b>	
4.1 TITLE <b>VPD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>HLINAK, EDWARD</b>	
4.3 STREET ADDRESS <b>1065 ERROL PARKWAY</b>	
4.4 CITY-ST-ZIP <b>APOPKA, FL. 32712</b>	
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, or on an attachment with an address.

SIGNATURE: **BOWMAN, SUSAN, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1/7/97** Daytime Phone # **0012737**

CR2E037 (9/96)