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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000001574

1. Corporation Name

THE FLORIDA HIGHWAY PATROL AUXILIARY FOUNDATION, INC.

Principal Place of Business

2900 APALACHEE PARKWAY, ROOM A315
 TALLAHASSEE FL 32399

Mailing Address

2900 APALACHEE PARKWAY, ROOM A315
 TALLAHASSEE FL 32399



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

59-3495705

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TRAMMEL, MARK R CAPT
 2900 APALACHEE PARKWAY, ROOM A315
 TALLAHASSEE FL 32399

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, WILLIAM J	1.2 NAME	STEVEN A. SHEFFER
STREET ADDRESS	1424 MARGINA AVE	1.3 STREET ADDRESS	4332 KINCARDINE DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVONE, CARMELO	2.2 NAME	
STREET ADDRESS	18444 SW 294TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, RALPH	3.2 NAME	
STREET ADDRESS	12277 AREACA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, CARROLL W	4.2 NAME	
STREET ADDRESS	1551 E INTERNATIONAL SPEEDWAY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRICK, GEORGE P	5.2 NAME	
STREET ADDRESS	4360 PETERS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEY, DAVID A	6.2 NAME	
STREET ADDRESS	5130 PRESIDENTS CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Ralph Torres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.20.99

Date

(561) 793.2720

Daytime Phone #

CR2E037 (11/98)