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Secretary of State

03-04-1999 90018 035 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000425

1. Corporation Name
INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC

Principal Place of Business 5761 GOLDENWOOD DR ORLANDO FL 32817	Mailing Address 5761 GOLDENWOOD DR ORLANDO FL 32817
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2. Principal Place of Business 21 940 Douglas Avenue Suite, Apt. #, etc. 22 Apt # 196 City & State 23 ALTAMONTE SPRINGS FLORIDA Zip 24 32714	2a. Mailing Address 26 940 Douglas Avenue Suite, Apt. #, etc. 27 Apt 196 City & State 28 ALTAMONTE SPRINGS FLORIDA Zip 29 32714	3. Date Incorporated or Qualified 01/22/1998	4. FEI Number 59-3129798	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent BROWN, BRUCE G 5761 GOLDENWOOD DR ORLANDO FL 32817	10. Name and Address of New Registered Agent 81 Name JAMES O'KEEFE 82 Street Address (P.O. Box Number is Not Acceptable) 940 DOUGLAS AVENUE, APT. 196 83 ALTAMONTE SPRINGS 84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714
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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: James O'Keefe (NOTE: Registered Agent signature required when reinstating) DATE: 2-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE D PRESIDENT <input type="checkbox"/> DELETE	NAME BRUCE BROWN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4314 HAMMERSMITH DRIVE	CITY-ST-ZIP CLERMONT, FLORIDA 34711	1.2 NAME	
TITLE D 1ST VICE PRESIDENT <input type="checkbox"/> DELETE	NAME VINCENT POLINCHOCK	1.3 STREET ADDRESS	
STREET ADDRESS 6818 BITTERSWEET LANE	CITY-ST-ZIP ORLANDO, FLORIDA 32819	1.4 CITY-ST-ZIP	
TITLE D 2ND VICE PRESIDENT <input type="checkbox"/> DELETE	NAME ROYAL KNAB	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 612 LAKE SPUR LANE	CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	2.2 NAME	
TITLE T SECRETARY <input type="checkbox"/> DELETE	NAME JAMES O'KEEFE	2.3 STREET ADDRESS	
STREET ADDRESS 940 DOUGLAS AVE, APT 196	CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	
TITLE T TREASURER <input type="checkbox"/> DELETE	NAME BRUCE BOCK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5872 PARKVIEW POINT DR.	CITY-ST-ZIP ORLANDO, FL 32821	3.2 NAME	
TITLE T TRUSTEE <input type="checkbox"/> DELETE	NAME THOMAS MURRAY	3.3 STREET ADDRESS	
STREET ADDRESS 1508 SILVER FOX CIR/1B	CITY-ST-ZIP APOPKA, FL 32712	3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James O'Keefe SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: February 22, 1999
 Telephone: 407-682-2405

CR2E037 (1/198)