

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90001 023 ****61.25

008/9861

DOCUMENT # N98000000425

1. Entity Name

INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC

Principal Place of Business

10255 SW 82ND CT
 OCALA FL 34481

Mailing Address

10255 SW 82ND CT
 OCALA FL 34481

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3129798**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NABET
~~NOBET~~, JOHN R
 10255 SW 82ND CT
 OCALA FL 34481

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD BROWN, BRUCE**
 STREET ADDRESS **4314 HAMMERSMITH DR.**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD POLINCOCK, VINCENT**
 STREET ADDRESS **6818 BITTERSWEET LANE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD KNAB, ROYAL**
 STREET ADDRESS **612 LAKE SPUR LANE**
 CITY-ST-ZIP **ALTOMONTE SPRINGS FL 32714**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S NOBET, JOHN R**
 STREET ADDRESS **10255 SW 32ND CT.**
 CITY-ST-ZIP **OCALA FL 34481**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T BOCK, BRUNO**
 STREET ADDRESS **5872 PORKVIEW POINT DR.**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T MURRAY, THOMAS**
 STREET ADDRESS **1508 SILVER FIRST CIRCLE**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Nobet
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 *3528733913*
 Date Daytime Phone #

CR2E037 (9/01)