


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000000425</b> 1. Entity Name <b>INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC.</b>	
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Principal Place of Business 10255 SW 82ND CT OCALA, FL 34481	Mailing Address 10255 SW 82ND CT OCALA, FL 34481
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3129798</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, BRUCE 4314 HAMMERSMITH DR. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD POLINCOCK, VINCENT 6818 BITTERSWEET LANE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KNAB, ROYAL 612 LAKE SPUR LANE ALTOMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NOBET, JOHN R 10255 SW 32ND CT. OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOCK, BRUNO 5872 PORKVIEW POINT DR. ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MURRAY, THOMAS 1508 SILVER FIRST CIRCLE APOPKA, FL 32712

**DO NOT WRITE IN THIS SPACE**

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01/14/04-80006-003 61.25

12. 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 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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **01-12-04** Daytime Phone #: **352-873-3913**

JOHN R NOBET