

2005 Non Profit CORPORATION  
ANNUAL REPORT

FILED

05 JAN 21 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 4314 HAMMERSMITH DR Suite, Apt. #, etc.		3. Mailing Address 4314 HAMMERSMITH DR Suite, Apt. #, etc.	
City & State CLERMONT, FL		City & State CLERMONT, FL	
Zip 34711	Country LAKE	Zip 34711	Country LAKE
4. FEI Number 59-3129798		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOBET, JOHN R 10255 SW 82ND CT OCALA, FL 34481		7. Name and Address of New Registered Agent Name: BRUCE G. BROWN Street Address (P.O. Box Number is Not Acceptable) 4314 HAMMERSMITH DR City: CLERMONT FL Zip Code: 34711	
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: <i>Bruce G. Brown</i> DATE: 1/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BROWN, BRUCE STREET ADDRESS: 4314 HAMMERSMITH DR. CITY-ST-ZIP: CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT NAME: JOHN NABET STREET ADDRESS: 17146 SE 110TH CIRCLE CITY-ST-ZIP: SUMNER FIELD, FL 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: POLINCOCK, VINCENT STREET ADDRESS: 6818 BITTERSWEET LANE CITY-ST-ZIP: ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE: 1ST V.P. NAME: ROYAL KNAB STREET ADDRESS: 612 LAKE SPUR LANE CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: KNAB, ROYAL STREET ADDRESS: 612 LAKE SPUR LANE CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE: 2ND V.P. NAME: LAWRENCE J. KICEINA STREET ADDRESS: 15031 THOROUGH BRED LAKE CITY-ST-ZIP: MONTVERDE, FL 34756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: NOBET, JOHN R STREET ADDRESS: 10255 SW 32ND CT. CITY-ST-ZIP: OCALA, FL 34481	<input checked="" type="checkbox"/> Delete	TITLE: 3RD V.P. NAME: GUSTAV BECKER STREET ADDRESS: 5089 JENNIFER PL CITY-ST-ZIP: ORLANDO, FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: BOCK, BRUNO STREET ADDRESS: 5872 PORKVIEW POINT DR. CITY-ST-ZIP: ORLANDO, FL 32821	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 200045552392 STREET ADDRESS: ← OK 01/28/05--01010--023 **\$61.25 CITY-ST-ZIP:	
TITLE: T NAME: MURRAY, THOMAS STREET ADDRESS: 1508 SILVER FIRST CIRCLE CITY-ST-ZIP: APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete	TITLE: SECRETARY NAME: BRUCE G. BROWN STREET ADDRESS: 4314 HAMMERSMITH DR CITY-ST-ZIP: CLERMONT, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Bruce G. Brown</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 1/17/05 DAYTIME PHONE #: 352-394-8503	



12192004 Chg-NP CR2E037 (10/03) JK