


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90027 025 ****61.25

DOCUMENT # N98000000425			
1. Entity Name INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC.			
Principal Place of Business 4314 HAMMERSMITH DR CLERMONT, FL 34711		Mailing Address 4314 HAMMERSMITH DR CLERMONT, FL 34711	
2. Principal Place of Business 9085 ST. ANDREWS WAY		3. Mailing Address 9085 ST. ANDREWS WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MOUNT DORA FL.		City & State MOUNT DORA FL.	
Zip 32757	Country USA	Zip 32757	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, BRUCE G 4314 HAMMERSMITH DR CLERMONT, FL 34711		Name: ROBERTS SR, FREDERIC W Street Address (P.O. Box Number is Not Acceptable): 9085 ST. ANDREWS WAY MT. DORA City: FL Zip Code: 32757	
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>Frederic W Roberts Sr.</i> FREDERIC W. ROBERTS SR		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P NABET, JOHN 17146 SE 117TH CIRCLE SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNAB, ROYAL 1ST 612 LAKE SPUR LANE ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KICEINA, LAWRENCE J 2ND 15031 THOROUGHbred LANE MONTVERDE, FL-34756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT BURFIELD 21534 KING HENRY AVE LEESBURG FL. 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECKER, GUSTAV 3RD 5089 JENNIFER PL ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOCK, BRUNO 5872 PORKVIEW POINT DR. ORLANDO, FL 32821 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER JOE HART 249 SECRET WAY CASSELBERRY FL. 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, BRUCE G 4314 HAMMERSMITH DR CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY FREDERIC W. ROBERTS SR. 9085 SAINT ANDREWSWAY MOUNT DORA, FL. 32757
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Frederic W Roberts Sr.</i> FREDERIC W. ROBERTS SR		Date 02/06/06 3523833414 Daytime Phone #	

ATTACHMENT



40012252

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2006

INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC.
9085 ST ANDREWS WAY
MT DORA, FL 32757

SUBJECT: INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC.
Ref. Number: N98000000425

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR
OPS

Letter Number: 706A00007740

*RECD MONDAY 02/06/06 @ 12:45 P.M.
COMPLETED & MAILED TO ABOVE ADDRESS 02/07/06
CC: TO FILE*