
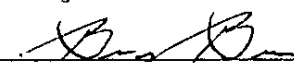
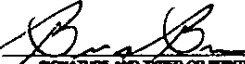


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90040 016 ****61.25

DOCUMENT # N98000000425			
1. Entity Name INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC.			
Principal Place of Business 9085 ST ANDREWS WAY MOUNT DORA, FL 32757		Mailing Address 9085 ST ANDREWS WAY MOUNT DORA, FL 32757	
2. Principal Place of Business - No P.O. Box # 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 USA	
4. FEI Number 59-3129798		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, FREDERIC W SR 9085 ST ANDREWS WAY MOUNT DORA, FL 32757		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:  SECRETARY 1/14/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		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 KICEINA, LARRY 2208 CAXTON AVE CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN NABET 17146 SE 117 CIRCLE SUMMERFIELD, FL 34491 <input type="checkbox"/> Change <input checked="" 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	VP RICHARD OSTLER 1050 NAVAL ORANGE DR., N12 ORANGE CITY, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILES, LARRY C 7818 BARDMOOR HILL CIR ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUCE G. BROWN 4314 HAMMERSMITH DR CLERMONT, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART, JOE 249 SECRET WAY CASSELBERRY, FL 32707 <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	S ROBERTS, FREDERIC W SR 9085 SAINT ANDREWS WAY MOUNT DORA, FL 32757 <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  BRUCE G. BROWN		1/14/08 352-394-8503 Date Daytime Phone #	