

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90032 044 ****61.25

DOCUMENT # N98000000425

1. Entity Name
INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC



Principal Place of Business Mailing Address
10255 SW 82ND CT **10255 SW 82ND CT**
OCALA FL 34481 **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



CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED JOHN R. NOBET 01 30 03 352873 0006**

CR2E037 (10/02)