FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705203 (8)

1. Corporation Name
FLORIDA PROSECUTING ATTORNEY'S ASSOCIATION INC.

Principal Place of Business	Mailing Address
2020 CAPITAL CIRCLE SE ALEXANDER BLDG. RM 302 TALLAHASSEE FL 32301 US	2071 RINGLING BLVD. SUITE 400 SARASOTA FL 34237 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1963
3a. Date of Last Report: 02/08/1994
4. FEI Number: 23-7131671 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 Post Office Box 1673
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Orlando, FL
24 Zip / 25 Country	29 32802 / 30 U.S.

9. Name and Address of Current Registered Agent

HILL, JERRY
255 NORTH BROADWAY,
2ND FLOOR
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	Treasurer/D	☒ Change ☐ Addition
NAME	MORELAND, EARL	1.2 NAME	Lawson L. Lamar	
STREET ADDRESS	2071 RINGLING BLVD. SUITE 400	1.3 STREET ADDRESS	250 N. Orange Avenue, Suite 900	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Orlando, FL 32802	
TITLE	PD	2.1 TITLE	President/D	☒ Change ☐ Addition
NAME	HILL, JERRY	2.2 NAME	Norman R. Wolfinger	
STREET ADDRESS	255 NORTH BROADWAY, 2ND FLOOR	2.3 STREET ADDRESS	700 South Park Avenue	
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP	Titusville, FL 32780	
TITLE	VD	3.1 TITLE	Vice President/D	☒ Change ☐ Addition
NAME	MEGGS, WILLIAM N	3.2 NAME	Earl Moreland	
STREET ADDRESS	LEON COUNTY COURTHOUSE/300 S MONROE STREET	3.3 STREET ADDRESS	2071 Ringling Blvd.	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	SD	4.1 TITLE	Secretary/D	☒ Change ☐ Addition
NAME	WOLFINGER, NORMAN R	4.2 NAME	Bernie McCabe	
STREET ADDRESS	700 S. PARK AVENUE	4.3 STREET ADDRESS	5100 - 144th Avenue North	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lawson L. Lamar LAWSON L.LAMAR 2-14-95 407 836 2424
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003630