FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business

705203

(8)

Mailing Address

FLORIDA PROSECUTING ATTORNEY'S ASSOCIATION INC.

2020 CAPITAL CIRCLE SE ALEXANDER BLDG. RM 302 TALLAHASSEE FL 32301 US				SUI	P O BOX 1673 SUITE 400 ORLANDO FL 32802-1673 US				3. Date Incorporated or Qualified 02/04/1963	3a. Da	te of Last R 04/01/19	eport 96
2. Principal Place of Business				2a.	2a. Mailing Address				4. FEI Number 23-7131671	I		plied For
21 111 N. Gadsden Street				26					23-7 13 107 1			ot Applicable
Suite, Apt. #, etc. 22 #200				27					5. Certificate of Status Desired			Additional equired
City & State					City & State				6. Election Campaign Financing			May Be
23 Tallahassee, FL				28					Trust Fund Contribution			to Fees
Zip 24 3230	Country 1 25 USA				Zip Country 29 32301 30 USA				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24 3230				29 nt Regis	tered Agent	[30]	J J J		10. Name and Address of New I			
								Street Addre	ess (P.O. Box Number is Not Accep 11 N. Gadsden Stree 200 Callahassee oration submits this statement for the	FL	observino i	Code 2301 ts registered registered
SIGNATURE	Deur	use.	e of registered ag						ed when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
12.	organizac, typic		FFICERS AN			(11012 114	13.		ADDITIONS/CHANGES TO OF		DIRECTOR	RS IN 12
TITLE	TD				☐ DÉL	ETE	1.1 TITLE	S	5/D		X Change	Addition
NAME	LAMAR,	LAWSON	Ĺ				1.2 NAME	L	amar, Lawson L.			
STREET ADDRESS	250 N ORANGE AVE STE 90				X 0			DORESS 2	250 N. Orange Ave.,	Ste 90	0	
CITY - ST - ZIP	ORLANI	DO FL		**************************************			1.4 CITY-ST-	ZIP C	rlando FL		***	
TITLE	PD				DEL.	ETE	2.1 TITLE	V	/PD		Change	Addition
NAME		iger, nof	r namk				2.2 NAME	M	AcCabe, Bernie			
STREET ADDRESS		ARK AVE					2.3 STREET A	DORESS 5	5100 - 144th Ave. N			
CITY - ST - ZIP	TITUSVI	LLE FL					2.4 CITY-ST	-ZIP C	Clearwater, FL			
TITLE	VPD				☐ DEL	ETE	3.1 TITLE	P	PD .		Change	Addition
NAME		and, earl					3.2 NAME	l M	foreland, Earl			
Street adoress		ngling B	LVD.				3.3 STREET A	DORESS 2	2071 Ringling Blvd.			
CITY-ST-ZIP	SARAS	OTA FL					3.4 CITY-ST	-ZIP S	Sarasota, FL	····		S21
TITLE	SD				☐ DEL	ETE	4.1 TITLE		LD.		Change	X Addition
NAME		e, Bernie					4.2 NAME		King, Brad			
STREET ADDRESS		ATH AVE	N				4.3 STREET A	I	19 NW Pine Avenue			
CITY - ST - ZIP	CLEARY	NATER FL			F DE	F.T.F	4.4 CHTY+ST-	ZIP	Ocala, FL		T 7 05	T Addition
TITLE					L DEL	tit	5.1 TITLE				Change	L Addition
NAME							5.2 NAME					
STREET ADDRESS							5.3 STREET A					
CITY-ST-ZIP					T DEC	crc	5.4 CITY-ST-	ZIP			Change	Additon
TITLE					☐ DEL	tit	6.1 TITLE				☐ Change	☐ Addition
NAME						I	6.2 NAME					
STREET ADDRESS							6.3 STREET A					
CITY-ST-ZIP		at the later-	ation suppli-	اعتادان است	io filipo dese -	at avalles to	6.4 CITY-ST		Lin Section 110 07/01//\ Elevide Sec.	itae I furtha	r cortife that	the
14. I do 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 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.												ider cath: that l

SIGNATURE

Blefin nek with the property of the property o

January 21, 1997 352-620-3700

FILED

Feb 10 1997 8:00am

Secretary of State

le Davtime Phone

Daytime Phone # 0016117

CR2E037 (9/96)