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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705203** (8)
1. Corporation Name
FLORIDA PROSECUTING ATTORNEY'S ASSOCIATION, INC.



Principal Place of Business 111 N. GADSDEN STREET #200 TALLAHASSEE FL 32301 US	Mailing Address 111 N. GADSDEN STREET #200 ORLANDO FL 32301 US
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3. Date Incorporated or Qualified
02/04/1963

4. FEI Number 23-7131671	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 107 West Gaines Suite, Apt. #, etc. 22 Suite 531 City & State 23 Tallahassee, FL Zip 24 32399-6549	2a. Mailing Address 26 107 West Gaines St. Suite, Apt. #, etc. 27 Suite 531 City & State 28 Tallahassee, FL Zip 29 32399-6549	Country 25 USA 30 USA
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**URSE, STEVE
111 N. GADSDEN STREET
#200
TALLAHASSEE FL 32301**

81 Name Urse, Stephen W.
82 Street Address (P.O. Box Number is Not Acceptable) 107 West Gaines Street
83 Suite 531
84 City Tallahassee
85 Zip Code FL 32399-6549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Stephen W. Urse, Jr. Jan 24, 1998 Note: The Address is different; the registered agent is the same.
Signature, by or for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD	<input type="checkbox"/> DELETE
NAME LAMAR, LAWSON L	
STREET ADDRESS 250 N ORANGE AVE STE 900	
CITY-ST-ZIP ORLANDO FL	

1.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME LAMAR, LAWSON	
1.3 STREET ADDRESS 250 N. Orange Ave., Ste. 900	N/A
1.4 CITY-ST-ZIP Orlando, FL 32801	

TITLE VPD	<input type="checkbox"/> DELETE
NAME MCCABE, BERNIE	
STREET ADDRESS 5100-144TH AVE. N	
CITY-ST-ZIP CLEARWATER FL	

2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MCCABE, BERNIE	
2.3 STREET ADDRESS 14250 49th St., North	N/A
2.4 CITY-ST-ZIP Clearwater, FL 34620	

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME MORELAND, EARL	
STREET ADDRESS 2071 RINGLING BLVD.	
CITY-ST-ZIP SARASOTA FL	

3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME SMITH, ROD	N/A
3.3 STREET ADDRESS 120 W. University Ave.	
3.4 CITY-ST-ZIP Gainesville, FL 32602	

TITLE SD	<input type="checkbox"/> DELETE
NAME MCCABE, BERNIE	
STREET ADDRESS 5100-144TH AVE N	
CITY-ST-ZIP CLEARWATER FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE TD	<input type="checkbox"/> DELETE
NAME KING, BRAD	
STREET ADDRESS 19 NW PINE AVENUE	
CITY-ST-ZIP OCALA FL	

5.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME KING, BRAD	
5.3 STREET ADDRESS 19 NW Pine Ave. - Ocala, FL	
5.4 CITY-ST-ZIP 32670	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

Brad King

1/28/98 (352) 620 3200

CR2E037 (10/97)