DOCUMENT # 705203

1. Entity Name

FLORIDA PROSECUTING ATTORNEY'S ASSOCIATION, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State
02-11-2000 90026 013 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
107 WEST GAINES STE 119 TALLAHASSEE FL 32399-1050 US	107 WEST GAINES STE 119 TALLAHASSEE FL 32399-6549 US

2. Principal Place of Business	3. Mailing Address
107 West Gaines Street	107 West Gaines Street
Suite, Apt. #, etc.: Suite 119	Suite, Apt. #, etc.: Suite 119
City & State: Tallahassee, Fl	City & State: Tallahassee, Fl
Zip: 32399-1050 Country: Leon	Zip: 32399-1050 Country: Leon

4. FEI Number: 23-7131671 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
URSE, STEPHEN W 107 WEST GAINES ST STE 119 TALLAHASSEE FL 32399	Name: Urse, Stephen W. Street Address (P.O. Box Number is Not Acceptable): 107 West Gaines Street Suite 119 City: Tallahassee FL Zip Code: 32399-1050

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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LAWSON, LAMAR 250 N ORANGE AVE, STE 900 ORLANDO FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Smith, Rod P.O. Box 1437 Gainesville, Fl 32602-1437	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCABE, BERNIE 14250 49TH ST NORTH CLEARWATER FL 34620	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD King, Brad 19 N.W. Pine Avenue Ocala, Fl 34475	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, ROD 120 W. UNIVERSITY AVE GAINESVILLE FL 32602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Blair, Jerry P.O. Drawer 1546 Live Oak, Fl 32060	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KING, BRAD 19 NW PINE AVE OCALA FL 32670	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Colton, Bruce 411 South Second Street Ft. Pierce, Fl 34950	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Brad King Brad King President (850) 488-3073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR