

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705203

**FILED**  
**Jul 01, 2004**  
**Secretary of State****Entity Name:** FLORIDA PROSECUTING ATTORNEY'S ASSOCIATION, INC.**Current Principal Place of Business:**107 WEST GAINES STREET  
STE 531  
TALLAHASSEE, FL 323991050 US**New Principal Place of Business:****Current Mailing Address:**107 WEST GAINES STREET  
STE 531  
TALLAHASSEE, FL 323991050 US**New Mailing Address:****FEI Number:** 23-7131671**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HOGENMULLER, JOHN N  
107 WEST GAINES STREET  
STE 531  
TALLAHASSEE, FL 323991050 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: WILLIE, MEGGS  
Address: LEON COUNTY COURT HOUSE  
City-St-Zip: TALLAHASSEE, FL 323992550

Title: PD ( ) Delete  
Name: JERRY, BLAIR  
Address: PO DRAWER 1546  
City-St-Zip: LIVEOAK, FL 32064

Title: T ( ) Delete  
Name: OBER, MARK  
Address: 800 E KENNEDY BLVD  
City-St-Zip: POMPANO BEACH, FL 336024199

Title: SD ( ) Delete  
Name: BRUCE, COLTON  
Address: 411 SOUTH SECOND ST  
City-St-Zip: FORT PIERCE, FL 34950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILLIE, MEGGS  
Address: LEON COUNTY COURT HOUSE  
City-St-Zip: TALLAHASSEE, FL 323992550

Title: VPD (X) Change ( ) Addition  
Name: BRUCE, COLTON  
Address: 411 SOUTH SECOND STREET  
City-St-Zip: FT. PIERCE, FL 34950

Title: T (X) Change ( ) Addition  
Name: CERVONE, WILLIAM  
Address: P.O. BOX 1437  
City-St-Zip: GAINESVILLE, FL 32602

Title: SD (X) Change ( ) Addition  
Name: MARK, OBER  
Address: 800 EAST KENNEDY BLVD  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE MEGGS

PD

07/01/2004

Electronic Signature of Signing Officer or Director

Date