


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000000112</b>	
1. Entity Name <b>INTERNATIONAL POLICE ASSOCIATION, UNITED STATES SECTION, REGION ELEVEN, INC. FLORIDA'S GOLD COAS</b>	

Principal Place of Business <b>8230 N.W. 68 TERRACE TAMARAC, FL 33321</b>	Mailing Address <b>P.O. BOX 970266 COCONUT CREEK, FL 33097</b>
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**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>23-7353558</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HURLEY, ROBERT R SR  
7091 GOLF COLONY COURT #201  
LAKE WORTH, FL 33467-3994**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KILLEN, ROBERT 7147 NW 78 PLACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HURLEY SR, ROBERT R 7091 GOLF COLONY COURT #201 LAKE WORTH, FL 334673994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GARRISON, WILLIAM 9089 CHARLIE STREET LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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03/09/07-80012-005 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, without other like empowered.

**SIGNATURE** *Robert R. Hurley Sr.* **Robert R. Hurley, Sr.** 02/23/07 561-649 1099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #