

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000425

**FILED**  
**Jan 23, 2016**  
**Secretary of State**  
**CC2428042252**

**Entity Name:** INTERNATIONAL POLICE ASSOCIATION, REGION 39, INC.

**Current Principal Place of Business:**

4314 HAMMERSMITH DR  
CLERMONT, FL 34711

**Current Mailing Address:**

4314 HAMMERSMITH DR  
CLERMONT, FL 34711

**FEI Number: 59-3129798**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN, BRUCE G  
4314 HAMMERSMITH DR  
CLERMONT, FL 34711 US

*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

**Officer/Director Detail :**

Title P  
Name NABET, JOHN  
Address 17146 SE 117TH CIRCLE  
City-State-Zip: SUMMERFIELD FL 34491

Title 1 VP  
Name KNAB, ROYAL 1ST  
Address 612 LAKE SPUR LANE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title S  
Name BROWN, BRUCE G  
Address 4314 HAMMERSMITH DR  
City-State-Zip: CLERMONT FL 34711

Title T  
Name ODELL, TOM  
Address 157 NEEDLEWOOD LOOP  
City-State-Zip: DEBARY FL 32713

Title 2 VP  
Name ROBERTS, JOANN  
Address 9085 ST. ANDREWS WAY  
City-State-Zip: MT. DORA FL 32757

Title 3 VP  
Name KUHN, HENRY  
Address 20546 QUEEN ALEXANDRA DR.  
City-State-Zip: LEESBURG FL 34747

*I hereby 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 all other like empowered.*

**SIGNATURE: BRUCE G. BROWN**

**SECRETARY**

**01/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date