

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90071 016 ****61.25

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1. Corporation Name

CASSELBERRY POLICE BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

4195 S US HWY 17-92
CASSELBERRY FL 32707
US

Mailing Address

4195 S US HWY 17-92
CASSELBERRY FL 32707
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/25/1967

4. FEI Number

59-2506989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PELL, ROSEMARIE
4195 S US HWY 17-92
CASSELBERRY FL FL 32707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PELL, ROSEMARIE
STREET ADDRESS 4195 S US HWY 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE VP ☐ DELETE

NAME PLEASANTS, SCOTT
STREET ADDRESS 4195 S US HWY 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ST ☐ DELETE

NAME WARREN, KATHY
STREET ADDRESS 4195 S. US HWY 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE T ☐ DELETE

NAME WOOD, SAMATHA
STREET ADDRESS 4195 S US HWY 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE T ☐ DELETE

NAME POST, JIMMIY
STREET ADDRESS 4195 S US HWY 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE T ☐ DELETE

NAME STEWART, DENNIS
STREET ADDRESS 4195 S US HWY 17-92
CITY-ST-ZIP CASSELBERRY FL 32707

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

ROSEMARIE PELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 APR 99

Date

407-262-7616

Daytime Phone #

471056

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