

**FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00**

**APPROVED AND FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mor  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 722893 (5)**  
1. Corporation Name  
**CITY OF MILTON POLICE AUXILIARY, INC.**

Principal Place of Business Mailing Address  
108 DIXON ST MILTON FL 32570 108 DIXON ST MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/14/1972** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-6000377** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$60.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent  
**YOUNG, ROBERT K.  
107 DIXON ST  
MILTON FL 32570**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>MD</b>
NAME	<b>SMITH, JAMES</b>
STREET ADDRESS	<b>107 DIXON ST</b>
CITY - ST - ZIP	<b>MILTON FL</b>
TITLE	<b>PD</b>
NAME	<b>SMITH, LEON</b>
STREET ADDRESS	<b>230 EVA ST.</b>
CITY - ST - ZIP	<b>MILTON FL</b>
TITLE	<b>VD</b>
NAME	<b>HENSON, NORMAL</b>
STREET ADDRESS	<b>525 PIMS ST.</b>
CITY - ST - ZIP	<b>MILTON FL</b>
TITLE	<b>S</b>
NAME	<b>KING, CARL</b>
STREET ADDRESS	<b>126 CYRIL DR.</b>
CITY - ST - ZIP	<b>MILTON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<b>MD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		<b>John Helfert</b>	
1.3 STREET ADDRESS		<b>107 DIXON ST</b>	
1.4 CITY - ST - ZIP		<b>MILTON FL</b>	
2.1 TITLE	<b>T</b>	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		<b>Mitchell Riley</b>	
2.3 STREET ADDRESS		<b>367 Johnson Rd</b>	
2.4 CITY - ST - ZIP		<b>MILTON FL</b>	
3.1 TITLE	<b>T</b>	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		<b>Leon Smith</b>	
3.3 STREET ADDRESS		<b>6420 EVA ST</b>	
3.4 CITY - ST - ZIP		<b>MILTON FL</b>	
4.1 TITLE		<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		<b>Clifford Elkins</b>	
4.3 STREET ADDRESS		<b>5249 Green Springs</b>	
4.4 CITY - ST - ZIP		<b>MILTON FL</b>	
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Helfert John Helfert Date: 2-6-95 Daytime Phone #: 904-623-382X