## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT** #

726108

(4)

CENTRAL FLORIDA POLICE BENEVOLENT ASSOCIATON, IN

Principal Place of Business

Mailing Address

1417 E. CONCORD STREET #102

1417 E. CONCORD STREET #102



ORLANDO FE	. 32803	ORLANDO FL 32803			
<b>6</b> D: : : : : : :			,	Date Incorporated or Qualified     04/13/1973	3a. Date of Last Report 02/20/1995
2. Principal Pla 21     800	N. Mills Ave	2a. Mailing Address 26 1800 N. N	lills Ave	4. FEI Number 59-1475002	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State  23 Orlando FL		City & State  City & Clando	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32803 25 29 328			Country  8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes  Yes \sum No		
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
1417 E.	ITER, ROBERT A. JR. <del>Concord St. #102 -&gt;</del> 00 FL 32803		<ul><li>81 Name</li><li>82 Street</li><li>83</li><li>84 City</li></ul>	Arkfress (P.O. Box Number is Not Acceptable	<b>85</b> Zin Code
				201ando	- <b>FI</b>
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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE  Signature spicial or protect name of registerat agent and title in a planne. (NOTE Registered Agent signature reprincing the intensioning DATE.)  12. OFFICEDS AND DIDECTORS.					
	OFFICERS AND	DIRECTORS	13.	ADDITIONS CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	□ DELETE	1 1 TITLE		Change Addition
NAME	PARMENTER, ROBERT A. JR.		1.2 NAME		
STREET ADDRESS	1417 E CONCORD ST #102*		1.3 STREET ADDRESS	1800 N. Mills Ave.	
CITY - ST - ZIP	ORLANDO FL		1.4 C/TY - S1 - ZIP		
TITLE	V	DELETE	21 TILE		Change Addition
NAME	SHEELER, LAWRENCE M		2.2 NAME		_ ,
STREET ADDRESS	-1417-E CONCORD ST #100		2.3 STREET ADDRESS	1800 N. Mills Ave.	
CITY - ST - ZIP	ORLANDO, FL 00000		2 4 CITY-S1-ZIP	1000	
TOTLE	D	DELETE	3.1 TITLE		Change Addition
NAME	MORRIS, MICHAEL K	<del>-</del>	3.2 NAME	_	
STREET ADDRESS	-1417 E CONCORD ST #102		3.3 STREET ADDRESS	1800 N. Mills Ave.	
CITY-ST-ZIP	ORLANDO FL		3 4. CITY-S1 - ZIP	1,000	
TITLE	ST	DELETE	4 I TITLE		Change Addition
NAME	POFF, WILLIAM D.		4 2 NAME		
STHEET ADDRESS	1417 E CONCORD ST #102		4.3 STREET ADORESS	1800 N. Mills Ave.	
CITY-ST-ZIP	ORLANDO, FL 00000		4 4 CITY - ST - ZIP	1000 14. 1 11.0 11.0.	
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	BOYENS, EDWARD C.	<del>-</del>	5 2 NAME		
STREET ADDRESS	1417 E CONCORD ST #102		5.3 STREET ADDRESS	1800 N. Mills Ave.	
CITY-ST-ZIP	ORLANDO FL		5 4 CITY - ST- 7IP		
TITLE	D D	DELETE	6 1 TITLE		Change Addition
NAME	MARAH, RICHARD	<u></u>	6 2 NAME		CT change CT Addition
STREET ADDRESS	1417 E CONCORD ST #102		6 3 STREET ADDRESS	1800 N. Mills Ave.	
CITY-ST-ZIP	ORALNDO FL			1,000 14. 1 11. 0 1.11 11.	
	certify that the information punctions	ith this files is ush obesit for inte	6 4 CITY-ST-ZIP		

Loo nereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

OFFICER OR DIRECTOR

Robert A. Parmenter, Jr. 3/5/96 898-0456

CR2E037 (12/95)