

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 727062 (2)

1. Corporation Name

BREVARD COUNTY POLICE BENEVOLENT ASSOCIATION, IN C.

Principal Place of Business

3815 NORTH HIGHWAY 1
UNIT 67
COCOA FL 32926
US

Mailing Address

3815 NORTH HIGHWAY 1
UNIT 67
COCOA FL 32926
US



3. Date Incorporated or Qualified
07/30/1973

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 6767 N. WICKHAM RD

26 6767 N. WICKHAM RD

4. FEI Number
59-1713854

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 400

27 Suite # 400

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 MELBOURNE, FL

28 Melbourne, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32940-2025

25 BREVARD

29 32940-2025

30 BREVARD

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARLEO, RANDY
2960 MICHIGAN ST.
MELBOURNE FL 32904

81 Name E.M. HALLIGAN

82 Street Address (P.O. Box Number is Not Acceptable)
1660 TOMOKA FARMS RD

83

84 City DAYTONA BEACH, FL

85 Zip Code 32124

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

E.M. HALLIGAN TRUSTEE

6-10-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ARLEO, RANDY
STREET ADDRESS 2960 MICHIGAN ST.
CITY-ST-ZIP MELBOURNE FL 32904 ☒ DELETE

1.1 TITLE DIRECTOR
1.2 NAME PATRICK MCGUIRE
1.3 STREET ADDRESS 1 Willow Grove
1.4 CITY-ST-ZIP Palm Coast, FL 32164 ☐ Change ☒ Addition

TITLE VP
NAME LADERWARG, MARK
STREET ADDRESS 2880 CORBUSIER DR.
CITY-ST-ZIP MELBOURNE FL 32935 ☒ DELETE

2.1 TITLE Vice-Trustee
2.2 NAME VINCE CHAMPION
2.3 STREET ADDRESS 557 WOODGROVE ST.
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Change ☒ Addition

TITLE STD
NAME FRAZIER, JAMES
STREET ADDRESS 3235 CHICA ST.
CITY-ST-ZIP COCOA FL 32926 ☒ DELETE

3.1 TITLE Trustee
3.2 NAME E.M. HALLIGAN
3.3 STREET ADDRESS 923 Lemon Rd.
3.4 CITY-ST-ZIP S. DAYTONA, FL 32119 ☐ Change ☒ Addition

TITLE D
NAME BAGSHAW, BRENT
STREET ADDRESS 171 N. ATLANTIC AVE. #25
CITY-ST-ZIP COCOA BEACH FL 32931 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DAVIDSON, DIANE
STREET ADDRESS 40 CHEYENNE COURT
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 600001888046
-07/09/96--01104--045
***61.25 ☐ Change ☐ Addition

TITLE D
NAME CASEY, MIKE
STREET ADDRESS 141 CYPRESS BROOK CIR. #1001
CITY-ST-ZIP MELBOURNE FL 32901 ☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

E.M. HALLIGAN

6-10-96

904-258-7579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)