


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 740019**

1. Entity Name  
**ST. PETERSBURG RETIRED POLICE OFFICERS ASSOCIATION, INC.**



Principal Place of Business  
**7791-55 ST. NORTH  
 PINELLAS PARK, FL 34665**

Mailing Address  
**7791-55 ST. NORTH  
 PINELLAS PARK, FL 34665**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-1778713**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WALLIS D. SWARTZ  
 7791-55 ST. NORTH  
 PINELLAS PARK, FL 34665**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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: I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wallis D. Swartz* DATE **3/31/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBBIUS, HAROLD M	
STREET ADDRESS	11588 SHELLY CIR	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EDWARD I. DOSTER,	
STREET ADDRESS	7659-18 ST. NORTH	
CITY-ST-ZIP	ST. PETERBURG, FL 33702	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WALLIS D. SWARTZ	
STREET ADDRESS	7791-55 ST. NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 34665	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	OSSMANN, JOHN H	
STREET ADDRESS	10090 38TH WAY NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	STINSON, ROBERT A	
STREET ADDRESS	6584-27 ST N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	MCCINTYRE, THOMAS M	
STREET ADDRESS	2201-65TH PLACE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000879759	
CITY-ST-ZIP	04/15/08-80034-003 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wallis D. Swartz* DATE: **3/31/08** (127) 647-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #