

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 12 1997 8:00am  
Secretary of State**

**97AR**  
NONPROFIT  
CORPORATION  
QUALIFIED  
1995

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

**DOCUMENT # 758056 (6)**

**1. Corporation Name**  
**BROWARD COUNTY LAW ENFORCEMENT OFFICERS ORGANIZATION, INC.**

97

SECRETARY OF STATE



**Principal Place of Business**      **Mailing Address**  
120 N.W. 15TH CT      120 N.W. 15TH CT  
POMPANO BEACH FL 33060      POMPANO BEACH FL 33060

**3. Date incorporated or Qualified**      **3a. Date of Last Report**  
08/31/1981      05/01/1995

**2. Principal Place of Business**      **2a. Mailing Address**  
**21** 617 NW 21 Street      **26** 617 NW 21 Street  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

**4. FEI Number**      **Applied For**  
59-2267379       Not Applicable

**22**      **27**  
City & State      City & State  
**23** Pompano Beach, Fl      **28** Pompano Beach, Fl

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

**24** 33060      **25** Broward      **29** 33060      **30** Broward  
Zip      Country      Zip      Country

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

**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**

MCNEAL, TRENT N.  
3230 NW 4TH ST  
POMPANO BCH, FL  
FT. LAUDERDALE FL 33811

**81** Name      **Diana Brown**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
211 Lake Pointe Drive #112  
**83**  
**84** City      **Oakland Park,**      **FL**      **85** Zip Code      **33309**

**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** *Diana P. Brown*  
By typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/9/97  
**DATE**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                |   |
|----------------|---|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>BROWN, DIANA</b>                                 |
| STREET ADDRESS | <b>9620 NW 42ND CT</b>                              |
| CITY-ST-ZIP    | <b>SUNRISE FL</b>                                   |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>CREW, LCV</b>                                    |
| STREET ADDRESS | <b>7960 SW 10TH CT</b>                              |
| CITY-ST-ZIP    | <b>N LAUDERDALE FL</b>                              |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>COTTRELL, JOHN</b>                               |
| STREET ADDRESS | <b>201 NW 32ND CT., #205</b>                        |
| CITY-ST-ZIP    | <b>POMPANO BCH. FL</b>                              |
| TITLE          | <b>T</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>BRAGGS, EARNEST</b>                              |
| STREET ADDRESS | <b>120 NW 15TH CT</b>                               |
| CITY-ST-ZIP    | <b>POMPANO BCH, FL 00000</b>                        |
| TITLE          | <b>S</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MCNEAL, TRENT</b>                                |
| STREET ADDRESS | <b>3230 NW 4TH ST.</b>                              |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b>                            |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>ARCHIE, JERRY</b>                                |
| STREET ADDRESS | <b>1748 NW 3RD AVE.</b>                             |
| CITY-ST-ZIP    | <b>POMPANO BCH. FL</b>                              |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           | <b>400002214284-4</b>  |
| 2.3 STREET ADDRESS | <b>-06/17/97--01036--002</b>   |
| 2.4 CITY-ST-ZIP    | <b>*****70.00      *****70.00</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>T Shirley Simmons</b>   |
| 4.3 STREET ADDRESS | <b>617 NW 21 Street</b>  |
| 4.4 CITY-ST-ZIP    | <b>Pompano Bach, FL 33060</b>  |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>S Darryl Stalling</b>   |
| 5.3 STREET ADDRESS | <b>361 NW 18 Court</b>   |
| 5.4 CITY-ST-ZIP    | <b>Pompano Beh, FL 33060</b>   |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *Diana Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-97**      **(954)**  
**786-4528**  
Date      Daytime Phone #

CR2E037 (12/95)