FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:58

DOCUMENT # **760564** **(5)**

1. Corporation Name

COASTAL FLORIDA POLICE BENEVOLENT ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
730 S.ATLANTIC AVE. SUITE 204 ORMOND BEACH FL 32176-7831	730 S.ATLANTIC AVE. SUITE 204 ORMOND BEACH FL 32176-7831

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1981
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1740482 ☐ 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 ☐ **$68.75** 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 Halco Tomoka Farms Rd.	26 Halco Tomoka Farms Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Daytona Bch, FL 32124	City & State 28 Daytona Bch, FL 32124
Zip 24 32124 Country 25 Volusia	Zip 29 32124 Country 30 Volusia

9. Name and Address of Current Registered Agent

HALLIGAN, E M
730 SOUTH ATLANTIC
SUITE 204
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	11 TITLE
NAME	HALLIGAN, E M	12 NAME
STREET ADDRESS	730 S. ATLANTIC AVE #204	13 STREET ADDRESS
CITY-ST-ZIP	ORMOND BEACH, FL 0	14 CITY-ST-ZIP
TITLE	VPD	21 TITLE
NAME	BOWMAN, ED	22 NAME
STREET ADDRESS	730 S. ATLANTIC AVE #204	23 STREET ADDRESS
CITY-ST-ZIP	ORMOND BCH., FL 00000	24 CITY-ST-ZIP
TITLE	STD	31 TITLE
NAME	BLAIS, GILLES	32 NAME
STREET ADDRESS	730 S. ATLANTIC AVE #204	33 STREET ADDRESS
CITY ST ZIP	ORMOND BCH, FL	34 CITY ST ZIP
TITLE		41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

PD X Change
Halligan, EM
1660 Tomoka Farms Road
Daytona Beach, FL 32124
VPD X change
Champion, Vince
1660 Tomoka Farms Road
Daytona Beach, FL 32124
STD X change
Blais, Gilles
1660 Tomoka Farms Road
Daytona Beach, FL 32124

☐ Change ☐ Addition

☐ 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 E.M. HALLIGAN 4-6-95 904 2587579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021381