

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760564 (5)

1. Corporation Name

COASTAL FLORIDA POLICE BENEVOLENT ASSOCIATION, I NC.



Principal Place of Business

Mailing Address

1660 TOMOKA FARMS RD.
SUITE 204
DAYTONA BEACH FL 32124
US

1660 TOMOKA FARMS RD.
SUITE 204
DAYTONA BEACH FL 32124
US

3. Date Incorporated or Qualified

10/22/1981

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 1660 Tomoka Farms Road

26 1660 Tomoka Farms Road

4. FEI Number

59-1740482

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

Daytona Beach, FL

28 City & State

Daytona Beach, FL

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24 Zip

32124

25 Country

Volusia

29 Zip

32124

30 Country

Volusia

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

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

81 Name

E.M. Halligan

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

1660 Tomoka Farms Road

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

Signature, typed or printed name of registered agent, as applicable

E.M. Halligan President

1/22/96

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HALLIGAN, EM
STREET ADDRESS 1660 TOMOKA FARMS ROAD
CITY-ST-ZIP DAYTONA BEACH FL

TITLE VPD ☐ DELETE
NAME CHAMPION, VINCE
STREET ADDRESS 1660 TOMOKA FARMS ROAD
CITY-ST-ZIP DAYTONA BEACH FL

TITLE STD ☐ DELETE
NAME BLAIS, GILLES
STREET ADDRESS 1660 TOMOKA FARMS ROAD
CITY-ST-ZIP DAYTONA BEACH FL

TITLE Executive Director ☐ DELETE
NAME Patrick L. McGuire, Jr.
STREET ADDRESS 1660 Tomoka Farms Road
CITY-ST-ZIP Daytona Beach, FL 32124

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Executive Director
4.3 STREET ADDRESS Patrick L. McGuire, Jr.
4.4 CITY-ST-ZIP 1660 Tomoka Farms Road
Daytona Beach, FL 32124

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *E.M. Halligan* E.M. Halligan, President

1/22/96

(904) 258-7579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)