

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90063 037 ****70.00

0002471

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 760564					
1. Corporation Name COASTAL FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.					
Principal Place of Business 1660 TOMOKA FARMS ROAD DAYTONA BEACH FL 32124 US			Mailing Address 1660 TOMOKA FARMS ROAD DAYTONA BEACH FL 32124 US		

91379 . 90063 . 37 9



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/22/1981 4. FEI Number 59-1740482 Applied For Not Applicable 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
--	--	---	--	--	--

9. Name and Address of Current Registered Agent E.M. HALLIGAN 1660 TOMOKA FARMS ROAD DAYTONA BEACH FL 32124				10. Name and Address of New Registered Agent 81 Name Patrick L. McGuire, Jr. 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 Patrick L. McGuire, Jr., Executive Director 1-7-99
 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 PD NAME HALLIGAN, EM STREET ADDRESS 1660 TOMOKA FARMS ROAD CITY-ST-ZIP DAYTONA BEACH FL				1.1 TITLE PD 1.2 NAME E.M. Halligan 1.3 STREET ADDRESS 1660 Tomoka Farms Road 1.4 CITY-ST-ZIP Daytona Beach, FL 32124			
TITLE VPD NAME CHAMPION, VINCE STREET ADDRESS 1660 TOMOKA FARMS ROAD CITY-ST-ZIP DAYTONA BEACH FL				2.1 TITLE VPD 2.2 NAME Vince Champion 2.3 STREET ADDRESS 1660 Tomoka Farms Road 2.4 CITY-ST-ZIP Daytona Beach, FL 32124			
TITLE STD NAME BLAIS, GILLES STREET ADDRESS 1660 TOMOKA FARMS ROAD CITY-ST-ZIP DAYTONA BEACH FL				3.1 TITLE S/TD 3.2 NAME Gilles Blais 3.3 STREET ADDRESS 1660 Tomoka Farms Road 3.4 CITY-ST-ZIP Daytona Beach, FL 32124			
TITLE ED NAME PATRICK L. MCGUIRE, JR. STREET ADDRESS 1606 TOMOKA FARMS ROAD CITY-ST-ZIP DAYTONA BEACH FL				4.1 TITLE DD 4.2 NAME Patrick L. McGuire, Jr. 4.3 STREET ADDRESS 1660 Tomoka Farms Road 4.4 CITY-ST-ZIP Daytona Beach, FL 32124			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Patrick L. McGuire, Jr. 1-7-99 (904) 258-7579
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)