## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#760564** 

FILED Jan 06, 2004 Secretary of State

Entity Name: COASTAL FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1660 TOMOKA FARMS ROAD
DAYTONA BEACH, FL 32124 US

Current Mailing Address: New Mailing Address:

1660 TOMOKA FARMS ROAD
DAYTONA BEACH, FL 32124 US
1660 TOMOKA FARMS ROAD
PORT ORANGE, FL 32128 US

FEI Number: 59-1740482 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCGUIRE, PATRICK L JR
1660 TOMOKA FARMS ROAD
DAYTONA BEACH, FL 32124 US

MCGUIRE, PATRICK L JR
1660 TOMOKA FARMS ROAD
PORT ORANGE, FL 32128 US

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.

SIGNATURE: 01/06/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 CHAMPION, VINCENT
 Name:
 CHAMPION, VINCENT

 Address:
 1660 TOMOKA FARMS RD
 Address:
 1660 TOMOKA FARMS RD

Address: 1660 TOMOKA FARMS RD Address: 1660 TOMOKA FARMS RD City-St-Zip: PORT ORANGE, FL 321283720 City-St-Zip: PORT ORANGE, FL 32128

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: ROCQUE, JAMES Name: ROCQUE, JAMES

Address: 1660 TOMOKA FARMS ROAD Address: 1660 TOMOKA FARMS ROAD City-St-Zip: PORT ORANGE, FL 321283720 City-St-Zip: PORT ORANGE, FL 32128

Title: S/TD () Delete Title: S/TD (X) Change () Addition Name: BLAIS, GILLES, Name: JAKOVENKO, JOHN

Address: 1660 TOMOKA FARMS ROAD Address: 1660 TOMOKA FARMS ROAD City-St-Zip: PORT ORANGE, FL 321283720 City-St-Zip: PORT ORANGE, FL 32128

Title: DD ( ) Delete Title: DD (X) Change ( ) Addition MCGUIRE, JR., PATRICK L Name: PATRICK L. MCGUIRE, JR. Name: 1606 TOMOKA FARMS ROAD Address: 1606 TOMOKA FARMS ROAD Address: City-St-Zip: PORT ORANGE, FL 321283720 City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK L. MCGUIRE, JR. DD 01/06/2004