

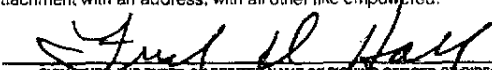


FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 765095		Jan 12, 2005 08:00	
1. Entity Name POLICE RESERVE ASSOCIATION OF FLORIDA, INC.		Secretary of State	
			
Principal Place of Business 3348 NORTHBROOKE LANE TALLAHASSEE, FL 32309		Mailing Address 3348 NORTHBROOKE LANE TALLAHASSEE, FL 32309	
			
		01082005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2761105	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CHIPLEY, JOHN A 3348 NORTHBROOKE LANE TALLAHASSEE, FL 32309			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD CHIPLEY, JOHN A 3348 NORTHBROOKE LANE TALLAHASSEE, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD LEVY, DAWN 5901 APPLECROSS STREET, N. ST. PETERSBURG, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD MILTON, JONATHAN W 3808 S.E. LOWER ST. STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD HALL, FRED 125 MCIVER LANE ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1-8-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	