## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE

766375

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**DOCUMENT #** BIG BEND LAW ENFORCEMENT ASSOCIATION, INC. Mailing Address Principal Place of Business % LYNN D. CHANG % LYNN D. CHANG 2103 CAPITOL BLDG. 2103 CAPITOL BLDG. TALLAHASSEE FL 32399-0350 3a. Date of Last Report TALLAHASSEE FL 32399-0350 3. Date Incorporated or Qualified 04/27/1995 HS 01/03/1983 Applied For 4. FEI Number 2a. Mailing Address 2, Principal Place of Business 59-2261806 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State П Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Country Zip Country Ζıp Florida Statutes 30 29 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **B2** CHANG, LYNN D. 2103 CAPITOL BLDG. 83 TALLAHASSEE FL 32399 Zip Code 84 City 32399-0350 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 (NOTE: Registered Agent signature required when reinstating (12/95)Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Change ☐ Addition 12. DELETE 1.1 TITLE DCT TITLE CR2E037 1.2 NAME CHANG, LYNN D. NAME 1.3 STREET ADDRESS 2103 CAPITOL BLDG. STREET ADDRESS 1.4 CITY - ST- ZIP TALLAHASSEE FL ☐ Addition CITY-ST-ZIP Change DELETE 21 TITLE TITLE D 22 NAME CARR, KEN NAME 2 3 STREET ADDRESS 2661 EXECUTIVE CTR. CIR. STREET ADDRESS 200001771172 -04/05/96--01083--0**08**hange 2. 4 CiTY - ST - ZiP TALLAHASSEE FL Addition CITY-ST-ZIP DELETE 3.1 TITLE TITLE \*\*\*61.25 3.2 NAME SCHMIDT, JOHN NAME 3.3 STREET ADDRESS 1117 THOMASVILLE RD. STREET ADDRESS 3.4. CITY - ST - ZIP TALLAHASSEE F<u>l</u> CITY-ST-ZIP Addition DELETE 4.1 TITLE Garry Lassiter 234 E. 713 Ave. TITLE 4. 2 NAME MCKIINIS, MIKE 4.3 STREET ADDRESS 2103 CAPITOL BLDG 32303 Tallahassee, FL STREET ADDRESS 4 4 CITY - ST - ZIP TALLAHASSEE FL 50 ☐ Addition CITY-ST-ZIP Change DELETE 5 1 TITLE TITLE 5.2 NAME RIVENBARK, TED NAME 5.3 STREET ADDRESS 038 WESTCOTT BLDG. STREET ADDRESS 54 CITY-ST-ZIP TALLAHASSEE FL CITY - ST - ZIP Change DELETE 6.1 TITLE Howard Kinch TITLE n 121 E Jefferson Street 6.2 NAME FUSILIER, PHIL NAME 6 3 STREET ADDRESS 121 E 7TH AVE 32351 STREET ADDRESS Quincy, 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 cath; 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 appress in Block 13 or Block 13 if paged or on a stephenous with an address. appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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NG OFFICER OR DIRECTOR

3/29/96