


FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **837659** (2)

1. Corporation Name

ASSOCIATION OF PUBLIC-SAFETY COMMUNICATIONS OFFICIALS - INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**2040 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119**

**2040 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119**

3. Date Incorporated or Qualified

01/05/1977

4. FEI Number

63-0461885

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAND, RONNIE
2040 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119**

81 Name

Christopher Bevevino

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

83 **2040 South Ridgewood Avenue**

84 City

South Daytona

FL

85 Zip Code **32119**

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

CPA Chief Financial Officer

5/1/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE

NAME **HANNA, JOE**
STREET ADDRESS **2040 S RIDGEWOOD AVE**
CITY-ST-ZIP **S DAYTONA FL**

TITLE **D** ☐ DELETE

NAME **MCNEIL, JOSEPH**
STREET ADDRESS **119 DEPOT RD. W**
CITY-ST-ZIP **WEST HARWICH MA**

TITLE **P** ☒ DELETE

NAME **WARD, MARILYN**
STREET ADDRESS **100 SOUTH HUGHEY AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DS** ☒ DELETE

NAME **RAND, JAMES R**
STREET ADDRESS **2040 SOUTH RIDGEWOOD AVENUE**
CITY-ST-ZIP **SOUTH DAYTONA FL**

TITLE **DV** ☐ DELETE

NAME **KEATING, J T**
STREET ADDRESS **2040 SOUTH RIDGEWOOD AVENUE**
CITY-ST-ZIP **SOUTH DAYTONA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DV** ☒ Change ☐ Addition

1.2 NAME **Hanna, Joe**
1.3 STREET ADDRESS **2040 S Ridgewood Ave**
1.4 CITY-ST-ZIP **South Daytona FL**

2.1 TITLE **P** ☒ Change ☐ Addition

2.2 NAME **McNeil Joseph**
2.3 STREET ADDRESS **119 Depot Rd W**
2.4 CITY-ST-ZIP **West Harwich MA**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **DS** ☒ Change ☐ Addition

4.2 NAME **Christopher Bevevino**
4.3 STREET ADDRESS **2040 South Ridgewood Ave**
4.4 CITY-ST-ZIP **South Daytona FL 32119**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **Keating, J T**
5.3 STREET ADDRESS **2040 South Ridgewood Avenue**
5.4 CITY-ST-ZIP **South Daytona FL**

6.1 TITLE **DV** ☐ Change ☒ Addition

6.2 NAME **Lyle Gallagher**
6.3 STREET ADDRESS **2040 S. Ridgewood Ave.**
6.4 CITY-ST-ZIP **S. Daytona, FL 32119**

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.

SIGNATURE:

CPA Chief Financial Officer

5/1/98

(901) 333-2500

CP2E037 (10/97)