

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90152 014 ****61.25

DOCUMENT # N00000000544



1. Entity Name
FLORIDA SHERIFF'S OFFICE RETIRED ASSOCIATION, IN C.

Principal Place of Business
**7407 HABERS WAY
ODESSA FL 33556**

Mailing Address
**PO BOX 526
ODESSA FL 33556**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3532273**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HABER, CHARLES
7407 HABERS WAY
ODESSA FL 33556**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, GORDON	
STREET ADDRESS	19425 CRESCENT RD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HABER, CHARLES	
STREET ADDRESS	19604 OSCEOLA LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHINTZIUS, KENNETH	
STREET ADDRESS	603 ROYAN WAY	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRYANT, MICHAEL	
STREET ADDRESS	11514 CORWIN ST	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Charles Haber* **CHARLES HABER** 04-01-03 813-926-8119

CR2E037 (10/02)