2001	UMII	TONINI BUS	IIVE33 NE	PUNI	(ABU)	<u> </u>						188
DOCUMENT # N0000003863  1. Entity Name										290000		
CORRECTIONAL OFFICERS BENEVELONT, ASSOCIATION OF					FILED							
Principal Place of Business Mailing Address			·				01	FEB 16	AM 7:	<b>5</b> 9		
300 E BREVAR TALLAHASSEE			300 E BREVARD SI TALLAHASSEE FL 3				SECRETARY OF STATE TALLAHASSEE FLORIDA					
INLLNIHOULL	12 02001		TALLAI MOOLE TE V	22501				TALL.	AHASSE	E FLORI	ĐĀ	
2. Principal P	lace of Busine	888	3. Mailing Address	3 Mailing Address								
4												
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State	e	, ,	City & State	City & State			4. FEI Number Applied For 1/2 Not Applicable					
Zip		Country	Zip	Cou	intry		5. Certificate	of Status Desire	ed 🗆	<b>\$8.75</b> A Fee Requi	dditional	1
	6. Name	and Address of Curren	t Registered Agent		None		7. Name and	Address of Ne	w Registere			
					Name Street Address (P.O. Box Number is Not Acceptable)							
MURRELL,	, david Evard sr					ress (P	O. Box Numbe	r is Not Accep	able)	<del>-</del>		_
	SSEE FL 32	301								- 17:- C	ndo .	4
					City					L Zip Ci		
8. The above	named entity	submits this statement f	or the purpose of chang	ing its registere	ed office or req	gistere	ed agent, or both	n, in the state o	f Florida.			
SIGNATURE _												
	Signature, typed o	or printed name of registered agen	t and title if applicable.	(NOTE: Registere	d Agent signature re	equired v	vhen reinstating)		DATE		<del></del>	
FILE NOW: 9. Election Campaign Fina			nnaign Financii	cing _ \$5.00 May Be Make Check Payab			k Davahla	to	7			
FEE IS \$61.25						led to Fees Department of State						
10.		OFFICERS AND D	IRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	A	DDITIONS/CHA	ANGES TO OFF	ICERS AND	DIRECTORS	IN 10	}_
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CITY-ST-ZIP	<u></u>			<del>-</del> _	300	0 East Brevard St,TLH,FL 30 932301				<b>」</b> 说		
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CITY-ST-ZIP				*	-ST-ZIP					<i></i>		
12. I hereby o	ertify that the	information supplied wit	h this filing does not qua	alify for the exer	mption stated	in Sec	tion 119.07(3)(i)	), Florida Statut	es. I further o	ertify 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:

SIGNETURE MACLUBEU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #