

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003866

**FILED**  
**Jan 16, 2004**  
**Secretary of State****Entity Name:** SOUTHERN STATES POLICE BENEVOLENT ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**300 E BREVARD ST  
TALLAHASSEE, FL 32301**New Principal Place of Business:****Current Mailing Address:**300 E BREVARD ST  
TALLAHASSEE, FL 32301**New Mailing Address:****FEI Number:** 59-1475376**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MURRELL, DAVID  
300 E BREVARD ST  
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** MURRELL, DAVID  
**Address:** 300 E BREVARD ST  
**City-St-Zip:** TALLAHASSEE, FL 32301**Title:** VPD ( ) Delete  
**Name:** KOLODGY, RICK  
**Address:** 300 E BREVARD ST  
**City-St-Zip:** TALLAHASSEE, FL 32301**Title:** D ( ) Delete  
**Name:** SPEARING, JIM  
**Address:** 300 E BREVARD ST  
**City-St-Zip:** TALLAHASSEE, FL 32301**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VPD (X) Change ( ) Addition  
**Name:** PUCKETT, MATT  
**Address:** 300 E BREVARD ST  
**City-St-Zip:** TALLAHASSEE, FL 32301**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MURRELL

PD

01/16/2004

Electronic Signature of Signing Officer or Director

Date