2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003
Secretary of State

DOCUMENT# N00000003866

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: STD ( ) Delete
Name: MILMAN, ERIK
Address: 300 E BREVARD ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SPEARING, JIM
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 02/25/2003

Electronic Signature of Signing Officer or Director — Date