

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000008767

**FILED**  
**Aug 19, 2011**  
**Secretary of State**

**Entity Name:** POLICE ASSISTANCE FUND, INC.

**Current Principal Place of Business:**

1209 E. 15TH STREET  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

1209 E. 15TH STREET  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 26-1213589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OLSON, LAURA  
1209 E. 15TH STREET  
PANAMA CITY, FL 32405 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:** LAURA OLSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BECKER, JEFFREY  
**Address:** 3412 PICADILLY LANE  
**City-St-Zip:** PANAMA CITY, FL 32405

**Title:** D  
**Name:** OLSON, LAURA  
**Address:** NEW JERSEY AVENUE  
**City-St-Zip:** LYNN HAVEN, FL 32444

**Title:** D  
**Name:** METTILLE, MIKE  
**Address:** 410 GEORGIA AVENUE  
**City-St-Zip:** LYNN HAVEN, FL 32444

I hereby 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 all other like empowered.

**SIGNATURE:** JEFFREY BECKER

D

08/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date