

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08426 (1)
1. Corporation Name
THE FLORIDA SHERIFFS' COUNCIL OF ADVISORY DEPUTIES, INC.

Principal Place of Business 277 SW 33RD COURT FT LAUDERDALE FL 33315-3305 US	Mailing Address 277 SW 33RD COURT FT LAUDERDALE FL 33315-3305 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/21/1985
4. FEI Number 59-2600022
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BUTLER, EARLE LEE, ESQ
1995 E OAKLAND PARK BLVD
SUITE 100
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC NICK NAVARRO 540 N.E. 8TH STREET FT. LAUDERDALE FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIP BAUMGARTEN 277 SW 33RD COURT FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EARLE LEE BUTLER,ESQ. 1995 E OAKLAND PARK BLVD FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FRED N. WINDRIDGE 801 SEABREEZE BLVD, MARINA TOWER FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, DONALD 540 NW 8TH STREET FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES STUART 540 N.E. 8TH STREET FT. LAUDERDALE FL 33304

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D ROBERT NIEHAUS 5960 N.E. 28TH AVENUE FT LAUDERDALE FL 33308
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* PHILLIP BAUMGARTEN TD 954-768-9600

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