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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08804** **(9)**

1. Corporation Name

FLORIDA HIGHWAY PATROL RETIRED PERSONNEL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% FRANCIS B. TWITTY 5122 TALLOW WOOD CT. ORLANDO FL 32808	% FRANCIS B. TWITTY 5122 TALLOW WOOD CT. ORLANDO FL 32808-1743

3. Date Incorporated or Qualified: **04/19/1985**
3a. Date of Last Report: **03/08/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

TWITTY, FRANCIS B.
5122 TALLOW WOOD CT.
ORLANDO FL 32808

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEDENBAUGH, JERRY H		1.2 NAME		
STREET ADDRESS	335 HORSEMANS CLUB RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TWITTY, FRANCIS B.		2.2 NAME		
STREET ADDRESS	5122 TALLOW WOOD CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONROY, JOHN A.		3.2 NAME		
STREET ADDRESS	1664 TEMPLE TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WOODS, WILBUR		4.2 NAME		
STREET ADDRESS	120 TANGERINE RD NW		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COX, JAMES H		5.2 NAME		
STREET ADDRESS	4847 HEATHE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: F. B. Twitty FRANCIS B. TWITTY 1-30-97 407-298-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018899