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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 04/19/1985

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	P	☐ Change ☐ Addition
NAME	BEDENBAUGH, JERRY H		1.2 NAME	Cox, JAMES H	
STREET ADDRESS	335 HORSEMANS CLUB RD.		1.3 STREET ADDRESS	4847 HEATH DR	
CITY-ST-ZIP	PALATKA FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FL.	
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	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS, JR JULIAN		6.2 NAME		
STREET ADDRESS	329 ARROWHEAD LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE Bch. FL.		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: F B Twitty F. B. Twitty 02-17-98 407 298-2822