

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90717 036 \*\*\*\*61.25

**DOCUMENT # N09516**

1. Entity Name

**THIRD CIRCUIT LAW ENFORCEMENT OFFICERS  
ASSOCIATION, INC.**



Principal Place of Business

100 SE COURT ST.  
PO DRAWER 1546  
LIVE OAK FL 32060  
US

Mailing Address

100 SE COURT STREET  
P. O. DRAWER 1546  
LIVE OAK FL 32064  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2556360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARVIS, ROBERT L. (SKIP), JR.  
100 S. E. COURT STREET  
LIVE OAK FL 32060

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME GRAVES, FRED  
STREET ADDRESS RT 27 BOX 24872  
CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☐ Change ☒ Addition  
NAME Karl Morgan  
STREET ADDRESS 200 E. Gaines St.  
CITY-ST-ZIP Tallahassee, FL 32399

TITLE S ☐ Delete  
NAME CROSS, SAMMIE  
STREET ADDRESS 100 SE COURT STREET  
CITY-ST-ZIP LIVE OAK FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME JEFF MERRITT  
STREET ADDRESS 1685 COOPRFIELD DR.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FRED GRAVES  
STREET ADDRESS RT. 7 BOX 369 "NA"  
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HARDEN, SCOTT  
STREET ADDRESS PO BOX 470 "NA"  
CITY-ST-ZIP CROSS CITY FL 32628

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sammie Cross* **Sammie Cross** 4-16-04 386-362-2320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #