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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10012** (5)

1. Corporation Name

**FLORIDA PEACE OFFICERS ASSOCIATION, INC.**



Principal Place of Business <b>1202 EAST PARK AVENUE P.O. BOX 5077 TALLAHASSEE FL 32314-5077</b>	Mailing Address <b>1202 EAST PARK AVENUE P.O. BOX 5077 TALLAHASSEE FL 32314-5077</b>
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3. Date Incorporated or Qualified <b>06/28/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>59-0545064</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>PEACOCK, WILLIAM S. 1202 EAST PARK AVENUE TALLAHASSEE FL 32308</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> City <b>84</b> Zip Code
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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 *William S. Peacock* **William S. Peacock** **4/28/97**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>1</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>GARNER, ANDREW H JR</b> <b>906 E. GIBSON ST.</b> <b>ARCADIA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>TILLIS, EDWARD A</b> <b>1775 74TH AVE.</b> <b>VERO BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>DENSON, JR. M</b> <b>6846 SWAIN TRACE</b> <b>TALLAHASSEE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PP</b> <b>JERKINS, DONALD N</b> <b>18301 MAX MIDDLEBURG ROAD</b> <b>JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LEE, SAMUEL T</b> <b>13445 CITRUS WAY</b> <b>BROOKSVILLE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>PILCHER, JERRY C.</b> <b>407 WEST LAKESHORE DRIVE</b> <b>STARKE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>VP/D</b> <b>800002172328-5</b> <b>-05/08/97--01158--016</b> <b>*****61.25 *****61.25</b> <b>Arcadia, FL 34266</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>VP/D</b> <b>Change</b> <b>Vero Beach, FL 32966</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>Past President/D</b> <b>Max L. Denson, Jr.</b> <b>6846 Swain Trace</b> <b>Tallahassee, FL 32311</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>D</b> <b>Walter L. Money</b> <b>5430 Southwest 95th Ct.</b> <b>Miami, FL 33165</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>VP/D</b> <b>Change</b> <b>Brooksville, FL 34601</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>P/D</b> <b>Change</b> <b>Starke, FL 32091</b>

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. 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: *Max L. Denson, Jr.* **Max L. Denson, Jr.** **4/29/97** **904-487-1917**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008549

CR2E037 (9/96)