
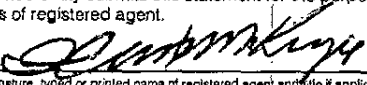



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N10012		
1. Entity Name FLORIDA PEACE OFFICERS ASSOCIATION, INC.		
Principal Place of Business 1202 EAST PARK AVENUE TALLAHASSEE, FL 32301	Mailing Address 1202 EAST PARK AVENUE TALLAHASSEE, FL 32301	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCKENZIE, I. CURT 1202 EAST PARK AVENUE TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, TERRY W 11247 LAKE CIRCLE DRIVE CLERMONT, FL 34715	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SMITH, LARRY C P. O. BOX 1855 CROSS CITY, FL 32628	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAUSE, JERRY L P. O. BOX 693 PERRY, FL 32348	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBINSON, CARL D 321 ABBEY DRIVE POLK CITY, FL 33868	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHISENANT, JOHN C 2174 SOUTHEAST 1ST COURT VERO BEACH, FL 32962	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, GARY A 6692 SOUTHWEST 92ND PLACE BUSHNELL, FL 33513	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/06 Date



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0545064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000550728
05/13/06-80062-022 61.25

850-272-7070
Daytime Phone #