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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N12924					
1. Corporation Name RETIRED LAW ENFORCEMENT OFFICERS ASSOCIATION, INC.					
Principal Place of Business 3160 TARYTOWN ST PO BOX 3201 PORT CHARLOTTE FL 33952 US			Mailing Address PO BOX 3201 PORT CHARLOTTE FL 33949 US		
2. Principal Place of Business 21 2500 AQUILLOS CT Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/09/1986	
22 City & State PORT CHARLOTTE, FL		27 City & State		4. FEI Number 59-2356747	
23 Zip 33952		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33952		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WRIGHT, EDWARD J. 2500 AQUILLOS CT. PORT CHARLOTTE FL 33952			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> DELETE			
NAME	BASKETFIELD, WILLIAM				
STREET ADDRESS	11330 ESSEX DR				
CITY-ST-ZIP	LAKE SUZY FL				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	BELL, ALTON				
STREET ADDRESS	1374 SALYERS ST				
CITY-ST-ZIP	PT CHARLOTTE FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	RAPISARDI, GERALD				
STREET ADDRESS	502 LOWELL AVE				
CITY-ST-ZIP	PORT CHARLOTTE FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	WRIGHT, EDWARD J.				
STREET ADDRESS	2500 AQUILLOS COURT				
CITY-ST-ZIP	PORT CHARLOTTE FL 33952				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	STEINBAUGH, NELSON				
STREET ADDRESS	2760 W. MARION AVE.				
CITY-ST-ZIP	PUNTA GORDA FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	BECKWITH, RONALD				
STREET ADDRESS	3317 BAYSIDE PARKWAY				
CITY-ST-ZIP	PUNTA GORDA FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	DALTON, FRANK				
1.3 STREET ADDRESS	3460 LUCERNE TERR.				
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952				
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	VOGEL, ROBERT				
2.3 STREET ADDRESS	5101 ALMAR DR.				
2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950				
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	HALL, RAYMOND				
3.3 STREET ADDRESS	1473 FIRE SIDE ST.				
3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	MONTELEONE, JOS.				
5.3 STREET ADDRESS	3221 WHITE IBIS CT # B1				
5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950				
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	MEGIEL, ROBERT				
6.3 STREET ADDRESS	843 DOLPHIN AVE.				
6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948				

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99 1-941-625-0167

CR2E037 (11/98)