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, IN

Principal Place of Business 3160 TARYTOWN ST

PO BOX 3201 PORT CHARLOTTE FL 33952

Mailing Address

PO BOX 3201

PORT CHARLOTTE FL 33949

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90105 042 \*\*\*\*61.25

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| 2. Principal Place of Business 2a. Mailing Address  |  |                          |   | 3. Date Incorporated or Qualifed 01/09/1986  |                        |  |
|---|--|--------------------------|---|--|------------------------|--|
| 21 2500 AQUILOS CI 26 Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |                          |   | 4. FEI Number  | Applied For            |  |
|   |  |                          |   | 59-2356747   | Not Applicable         |  |
| 22   27.   City & State   City & State  |  |                          |   |  | 8.75 Additional        |  |
| City & State CHARLOTTE, FL 28 City & State  |  |                          |   | 5. Certifcate of Status Desired  | Fee Required           |  |
| Zip Country Zip Cour  |  |                          |   | 6. Election Campaign Financing   | 5.00 May Be            |  |
| $\frac{1}{24}$ 33952 $\frac{1}{25}$ (USA) $\frac{1}{29}$ 30   |  |                          | Trust Fund Contribution Added to Fees                 |  |                        |  |
| Name and Address of Current Registered Agent  |  |                          |   | 10. Name and Address of New Registered Agent   |                        |  |
|   |  |                          | 81 Name   |  |                        |  |
| MIDICHT EDIMADD I   |  |                          | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                        |  |
| WRIGHT, EDWARD J.   |  |                          | 52 Street Address (F.O. Box Hamber is Not Acceptable) |  |                        |  |
| 2500 AQUILOS CT.  |  |                          |   |  |                        |  |
| PORT CHARLOTTE FL 33952   |  |                          |   |  | 1 = -                  |  |
|   |  |                          | City  | FI  8*   | Zip Code               |  |
| 44 S. and the second Control 647 0503 and 647 1509. Elevido Statutes, the above named compration 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   | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis | stered Agen              | t signature n   | equired when reinstating) DATE   |                        |  |
| 12.   | OFFICERS AND DIRECTORS   | 13.                      |   | ADDITIONS/CHANGES TO OFFICERS AND D  |                        |  |
| TITLE   | P DELETE   | 1.1 TITL€                | P   |  | Change X Addition      |  |
| NAME  | BASKETFIELD, WILLIAM   | 1.2 NAME                 |   | DALTON-, FRANK   |                        |  |
| STREET ADDRESS  |  | 1.3 STREET               | ADDRESS   | 3460 LÚCERNE TERR  | <u>.</u>               |  |
|   | 1 1000 EGGES ON  | 1.4 CITY-ST              |   | PORT CHARLATIE FL 3  | 3952                   |  |
| CITY-ST-ZIP   |  | 2.1 TITLE                | V   | PORT CHARLOTTE, FL 3<br>VOGEL, ROBERT  | Change Addition        |  |
|   | •  | 2.2 NAME                 | Ť   | Flor Olivania  |                        |  |
| NAME  | DECE, ALTON  | 2.3 STREET               | ADDRESS   | 5101 ALMAR DR.   |                        |  |
| STREET ADDRESS  |  |                          |   | PHINTA RARDA FL 33   | 950                    |  |
| CITY-ST-ZIP   | S por FTE  | 2. 4 CITY-S<br>3.1 TITLE | D   | PUNTA GORDA, FL 33<br>HALL, RAYMOND  | Change Addition        |  |
| TITLE   |  |                          | υ   |  |                        |  |
| NAME  | THE TOTAL OF THE   | 3.2 NAME                 |   | 1473 FIRESIDE S  | T.                     |  |
| STREET ADDRESS  | OUE COVICED AVE  | 3.3 STREET               |   | PORT CHARLOTTE, FL   | 720K1                  |  |
| CITY-ST-ZIP   |  | 3.4. CITY-S              | T-ZIP   | FUNT CHIKAUITE, 12   | Change                 |  |
| TITLE   | _  | 4.1 TITLE                |   | ·  | oriange                |  |
| NAME  | VITAGITI, EDVITADO.  | 4. 2 NAME                |   |  |                        |  |
| STREET ADDRESS  | 2000 / (40).200 000 (1)  | 4.3 STREET               | ADDRESS   |  |                        |  |
| CITY-ST-ZIP   |  | 4.4 CITY-S               | r-ZIP   |  | Observation Statistics |  |
| TITLE   | •  | 5.1 TITLE                | D   | MODIT === 0 (4-) 40-21   | Change Addition        |  |
| NAME  | STEINBAUGH, NEESUN   | 5.2 NAME                 |   | 3221 WHITE IBIS O  | T # BI                 |  |
| STREET ADDRESS  | 2700 W. MARIOU AVE.  | 5.3 STREET               |   |  |                        |  |
| CITY-ST-ZIP   | TONIA GONDATE  | 5.4 CITY-S               |   | MUNIA GUKDA, FL  | 23420                  |  |
| TITLE   | January 1  | 6.1 TITLE                | D   | PONTA GORDA, FL MEGIEL, ROBERT   | Change Addition        |  |
| NAME  | DECKWITTI, NONALD  | 6.2 NAME                 | -   | 843 DOLPHIN AVI  | E,                     |  |
| STREET ADDRESS  | 3317 BAYSIDE PARKWAY   | 6.3 STREET               | ADDRESS   | DOLPHIN IN   |                        |  |
| CITY-ST-ZIP   |  | 6.4 C/TY-S               | r-ZIP   | PORT CHARLOTTE FA  | 33948                  |  |
|   |  |                          |   | and the company of th |                        |  |

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 any address, with all other like empowered.

SIGNATURE: