

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90018 010 ****61.25

DOCUMENT # N12924

1. Entity Name

RETIRED LAW ENFORCEMENT OFFICERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

2500 AQUILOS CT.
 PORT CHARLOTTE FL 33952
 US

PO BOX 3201
 PORT CHARLOTTE FL 33949-3201
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2356747

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

WRIGHT, EDWARD J.
2500 AQUILOS CT
PORT CHARLOTTE FL 33952

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	VOGEL, ROBERT	
STREET ADDRESS	5101 ALMAR DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, RAYMOND	
STREET ADDRESS	1473 FIRESIDE STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	T	<input type="checkbox"/> Delete
NAME	WRIGHT, EDWARD J.	
STREET ADDRESS	2500 AQUILOS COURT	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTELEONE, JOS	
STREET ADDRESS	3221 WHITE IBIS COURT #B1	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEGIEL, ROBERT	
STREET ADDRESS	843 DOLPHIN AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAIT, EDWARD	
STREET ADDRESS	476 WABASH TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGOWSKI, HARRY	
STREET ADDRESS	119 S.W. COLONIAL ST.	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

Edward J. Wright
EDWARD J. WRIGHT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/2000

Daytime Phone #

941
625-0167

CR2E037 (9/99)