FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18206 (5)

1. Corporation Name

FLORIDA PUBLIC PERSONNEL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% DAVID V. KORNREICH 776 N.E. 125TH STREET NORTH MIAMI FL 33161	255 SOUTH ORANGE AVENUE STE. 1525, CNA TOWER ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1986
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2808589 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KORNREICH, DAVID V.
SUITE 1525, CNA TOWER
255 SOUTH ORANGE AVENUE
ORLANDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	XXX ☐ Change ☐ Addition
NAME	DIEDRICH, FRAN	1.2 NAME	GARDNER, RONALD E. "GENE"	
STREET ADDRESS	301 S. RIDGEWOOD AVE.	1.3 STREET ADDRESS	601 E KENNEDY BLVD. 17th FLOOR	
CITY-ST-ZIP	DAYTONA BCH. FL	1.4 CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VD	2.1 TITLE	VD	XXXX ☐ Change ☐ Addition
NAME	GARDNER, ROBERT E "GENE"	2.2 NAME	ROSENBERG, PHIL	
STREET ADDRESS	601 E KENNEDY BLVD., 17TH FLOOR	2.3 STREET ADDRESS	115 S. ANDREWS AVENUE	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	VD	3.1 TITLE	VD	XXXX ☐ Change ☐ Addition
NAME	ROSENBERG, PHIL	3.2 NAME	WELLS, BETTE	
STREET ADDRESS	115 S. ANDREWS AVE.	3.3 STREET ADDRESS	601-B N. PEARL STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	TD	4.1 TITLE	TD	XXX ☐ Change ☐ Addition
NAME	WELLS, BETTE	4.2 NAME	MILES, ROBERT A. SPHR	
STREET ADDRESS	601-B N. PEARL ST.	4.3 STREET ADDRESS	200 BANYAN STREET, THIRD FLOOR	
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	SD	5.1 TITLE	SD (BROWN)	☐ Change XXX Addition
NAME	MILES, ROBERT A SPHR	5.2 NAME	~~MACON~~, Leland "Lee"	
STREET ADDRESS	200 BANYON	5.3 STREET ADDRESS	400 South Orange Avenue	
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 an address.

SIGNATURE: X _____ (ROBERT A. MILES) 04/10/95 (407) 659-8028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004088