FILE NOW: FILING FEE IS $61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32801-3445 US

3. Date Incorporated or Qualified: 12/11/1986
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

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 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☑ Change ☐ Addition
TITLE	TD	☐ DELETE	1.1 TITLE	VD	☑ Change ☐ Addition
NAME	CLANTON, BRENDA J		1.2 NAME	Clanton, Brenda J	
STREET ADDRESS	524 NE 21 CT.		1.3 STREET ADDRESS	524 NE 21 CT	
CITY-ST-ZIP	WILTON MANORS FL 33305		1.4 CITY-ST-ZIP	Wilton Manors Fl 33305	
TITLE	PD	☑ DELETE	2.1 TITLE	PD	☐ Change ☑ Addition
NAME	ROSENBERG, PHIL		2.2 NAME	Miles, Robert	
STREET ADDRESS	115 S. ANDREWS AVENUE		2.3 STREET ADDRESS	3223 Gunn Club Rd	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	W Palm Beach Fl 33406-3001	
TITLE	SD	☐ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	STORCK, LYDIA		3.2 NAME	STORCK, LYDIA	
STREET ADDRESS	306 E. JACKSON ST. #7N		3.3 STREET ADDRESS	306 E. Jackson St #7N	
CITY-ST-ZIP	TAMPA FL 33402		3.4 CITY-ST-ZIP	Tampa Fl 33602	
TITLE	VD	☐ DELETE	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	BROWN, LELAND		4.2 NAME	Brown, Leland	
STREET ADDRESS	400 S. ORANGE AVE.		4.3 STREET ADDRESS	400 S Orange Ave	
CITY-ST-ZIP	ORLANDO FL 32801		4.4 CITY-ST-ZIP	Orlando Fl 32801	
TITLE	SD	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, LELAND "LEE"		5.2 NAME		
STREET ADDRESS	400 SOUTH ORANGE AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 an address.

SIGNATURE: Lydia Storck SIGNATURE REQUIRED Brack 4/29/97 (813) 274-8563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0016060