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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

3. Date Incorporated or Qualified: 12/11/1986

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 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	VD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CLANTON, BRENDA J		1.2 NAME	(same)	
STREET ADDRESS	524 NE 21 CT.		1.3 STREET ADDRESS	"	
CITY-ST-ZIP	WILTON MANORS FL		1.4 CITY-ST-ZIP	"	
TITLE	PD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILES, ROBERT		2.2 NAME		
STREET ADDRESS	3223 GUNN CLUB RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	STORCK, LYDIA		3.2 NAME	(same)	
STREET ADDRESS	306 E. JACKSON ST. #7N		3.3 STREET ADDRESS	"	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	"	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, LELAND		4.2 NAME		
STREET ADDRESS	400 S. ORANGE AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	TD	☐ Change ☑ Addition
NAME			5.2 NAME	Margie Moale	
STREET ADDRESS			5.3 STREET ADDRESS	9554 W. Sample Rd.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Coral Springs FL 33065	
TITLE		☐ DELETE	6.1 TITLE	SD	☐ Change ☑ Addition
NAME			6.2 NAME	Debra Laster	
STREET ADDRESS			6.3 STREET ADDRESS	7501 North Jog Rd	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	West Palm Beach FL 33412	

CR2E037 (10/97)

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 an address.

SIGNATURE: Margie M Moale Treasurer 3/13/98 (954)3441152