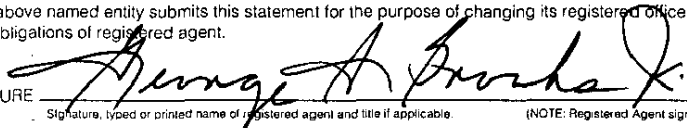
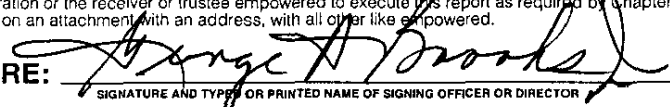


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90353 005 ****61.25

DOCUMENT # N18206 1. Entity Name FLORIDA PUBLIC PERSONNEL ASSOCIATION, INC.					
Principal Place of Business % DAVID V. KORNREICH 776 N.E. 125TH STREET NORTH MIAMI, FL 33161			Mailing Address 255 SOUTH ORANGE AVENUE STE. 1525, CNA TOWER ORLANDO, FL 32801 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2808589	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KORNREICH, DAVID V. SUITE 1525, CNA TOWER 255 SOUTH ORANGE AVENUE ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMERO, GERMAN 500 SOUTH ORANGE AVE. ORLANDO, FL 32801 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Debbie McDonald ☒ Change ☐ Addition 150 N. Lakeshore Dr. Ocoee, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODGERS, JIM 601 S.E. 25TH AVE. OCALA, FL 34471 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD George Brooks ☒ Change ☐ Addition 228 S. Massachusetts Ave. Lakeland, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED HARDEN, PERCY 330 WEST CHURCH ST. BARTOW, FL 33831 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Arlette Steinberger ☒ Change ☐ Addition 100 No. Andrews Ave. Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEINBERGER, ARLETTE 100 NO. ANDREWS AVE FORT LAUDERDALE, FL 33301 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP German Romero ☒ Change ☐ Addition 500 S. Orange Ave. Orlando, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP LASTER, DEBRA 7501 NORTH JOG RD WEST PALM BEACH, FL 33412 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Linda Skelton ☒ Change ☐ Addition 2401 S.E. Monterey Road Stuart, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKELTON, LINDA 18500 MURDOCK CIR PORT CHARLOTTE, FL 33948 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Percy Harden ☒ Change ☐ Addition 330 West Church Street Bartow, FL 33831
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 like empowered.					
SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					