

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
John W. Mather  
Secretary of State  
Tallahassee, Florida 32304-0001

APPROVED  
AND  
FILED

DOCUMENT # **N22138** (4)

SENNA - 1 PM 12:13

FLORIDA POLICE ASSOCIATION, INC.

SECURITY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 50 SOUTH BELCHER ROAD, SUITE 106, CLEARWATER FL 34625 US  
Mailing Address: P O BOX 10130, BRADENTON FL 34282-0130 US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification <b>08/20/1987</b>	3a. Date of Last Report <b>08/04/1994</b>
4. FIC Number <b>65-0021694</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Finance and Trust Fund Contributions <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Report with IRS return for Tax exempt status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under s. 199.01, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 2051 N. TAMiami TRAIL	26. BRADENTON FL 34282-0130
22. SUITE # 37	27. US
23. SARASOTA, FLORIDA	28. US
24. 34243	30. US

9. Name and Address of Current Registered Agent <b>SENN, ESTEL E. 7425 BROUGHTON ST SARASOTA FL 34213</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of sections 199.01 and 199.02, Florida Statutes, this corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, accept the appointment as respondent agent. I, **ESTEL E. SENNA, PRESIDENT**, 4/25/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS																																							
<table border="1"> <tr> <td>OFFICER</td> <td>NAME</td> <td>ADDRESS</td> </tr> <tr> <td>PTD</td> <td>SENN, ESTEL E. 7425 BROUGHTON ST. SARASOTA FL</td> <td></td> </tr> <tr> <td>VD</td> <td>SENN, ETHA A. 7425 BROUGHTON ST SARASOTA FL</td> <td></td> </tr> <tr> <td>SD</td> <td>SENN, ALMA J. 7425 BROUGHTON STREET SARASOTA FL</td> <td></td> </tr> </table>	OFFICER	NAME	ADDRESS	PTD	SENN, ESTEL E. 7425 BROUGHTON ST. SARASOTA FL		VD	SENN, ETHA A. 7425 BROUGHTON ST SARASOTA FL		SD	SENN, ALMA J. 7425 BROUGHTON STREET SARASOTA FL		<table border="1"> <tr> <td>OFFICER</td> <td>NAME</td> <td>ADDRESS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	OFFICER	NAME	ADDRESS																								
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14. I, the undersigned, certify that the officers listed herein fully understand and share equal liability for the execution of duties as set forth in the Florida Statutes. I further certify that the information furnished on this statement is true and accurate, and that the signatories shall keep the same up to date. I, **ESTEL E. SENNA, PRESIDENT**, 4/25/95

SIGNATURE: *Estel E. Senna* ESTEL E. SENNA, PRESIDENT 4/25/95 FIC/259-8427