


FILE NOW: FILING FEE IS \$61.25

1 of 2

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # N23612 (7)
 1. Corporation Name
ALL POLICE CHARITY, INC.



Principal Place of Business P. O. BOX 52-1423 MIAMI FL 33152	Mailing Address P. O. BOX 52-1423 MIAMI FL 33152
----------------------------------------------------------------------------	----------------------------------------------------------------

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1987		3a. Date of Last Report 07/25/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0042081		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

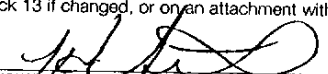
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UMPIERRE, GRISELLE 8353 LAKE DRIVE, APT. J-405 MIAMI FL 33166				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

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 _____
 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	P	NAME	STRIEGEL, JOHN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	9320 S.W. 192ND DR	1.2 NAME		1.2 NAME	See Attached List		
CITY - ST - ZIP	MIAMI FL	1.3 STREET ADDRESS		1.3 STREET ADDRESS			
TITLE	D	NAME	CONLON, TIMOTHY	1.4 CITY - ST - ZIP			
STREET ADDRESS	11611 TAFT ST	2.1 TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP	PEMBROKE PINES FL	2.2 NAME		2.2 NAME			
TITLE	D	NAME	BRUNDAGE, WARREN	2.3 STREET ADDRESS			
STREET ADDRESS	26980 S.W. 145TH CT.	2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP			
CITY - ST - ZIP	MIAMI FL	3.1 TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	NAME	ANDERSON, BUCK	3.2 NAME			
STREET ADDRESS	5025 S.W. 101ST. AVE.	3.3 STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP			
TITLE	D	NAME	BRUNDAGE, WARREN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5025 S.W. 101ST. AVE.	4.2 NAME		4.2 NAME			
CITY - ST - ZIP	MIAMI FL	4.3 STREET ADDRESS		4.3 STREET ADDRESS			
TITLE	D	NAME	BURN, RICK	4.4 CITY - ST - ZIP			
STREET ADDRESS	5025 S.W. 101ST. AVE.	5.1 TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP	MIAMI FL	5.2 NAME		5.2 NAME			
TITLE	D	NAME		5.3 STREET ADDRESS			
STREET ADDRESS		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP			
CITY - ST - ZIP		6.1 TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		6.4 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)(k), 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:  **J. H. STRIEGEL** 4/11/96 305-670-6649
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

ALL POLICE CHARITY, INC.
65-0042081
CORPORATION ANNUAL REPORT
1995

2 of 2

LINE 12. OFFICERS AND DIRECTORS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>		
Dean Mirra	V.P.		Miami	FL
Anthony Goldberg	Sec.		Miami	FL
Rich Hayward	Treas.	9225 N.W.18th St	Pem. Pines	FL
Griselle Umpierre	Ast.Sec.	8353 Lake Dr.	Miami	FL
Buck Anderson	Dir.		Miami	FL
Rick Burn	Dir.		Miami	FL
Frank Caldara	Dir.		Miami	FL
Bill Clayton	Dir.		Miami	FL
Mike DeJesus	Dir.		Miami	FL
Rick Feisthammel	Dir.		Miami	FL
Greg Feldman	Dir.		Miami	FL
Anthony Goldberg	Dir.		Miami	FL
Lisa Conlon	Dir.		Miami	FL
Pat Kiel	Dir.		Miami	FL
Salvatore Lozano	Dir.		Miami	FL
Don Reynolds	Dir.		Miami	FL
James Woodruff	Dir.		Miami	FL