FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26859 (1)

1. Corporation Name

THE TAVARES POLICE OFFICERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
201 E. MAIN STREET TAVARES FL 32778	201 E. MAIN STREET TAVARES FL 32778

3. Date Incorporated or Qualified: 06/08/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2904847 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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)

9. Name and Address of Current Registered Agent

SUMMERS, GARY L.
380 WEST ALFRED STREET
TAVARES FL 32778

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Address, City, State, and Zip Code of Registered Agent) (Date) (Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DS	11 TITLE	☒ Change ☐ Addition
NAME	~~KELLEHER, BRENDA~~	12 NAME	Sheila Baker
STREET ADDRESS	201 E MAIN ST.	13 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	~~DORTCH, KATHERINE~~	22 NAME	Danny Felecia
STREET ADDRESS	201 E. MAIN STREET	23 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	MICHAEL A. FRENCH	32 NAME	
STREET ADDRESS	201 E. MAIN STREET	33 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	QUATTLEBAUM, VIVIAN	42 NAME	
STREET ADDRESS	201 E. MAIN STREET	43 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	UNDERWOOD, SUE	52 NAME	
STREET ADDRESS	201 E. MAIN STREET	53 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Michael A. French MICHAEL A. FRENCH 4/28/9 904-742-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032364