

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

SEP 23 1996

WILMINGTON, FLORIDA

DOCUMENT # N26859 (1)

1. Corporation Name

THE TAVARES POLICE OFFICERS' ASSOCIATION, INC.



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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2904847

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

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

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DS

☐ DELETE

NAME

BAKER, SHEILA

STREET ADDRESS

201 E MAIN ST.

CITY - ST - ZIP

TAVARES FL

TITLE

D

☐ DELETE

NAME

FELECCIA, DANNT

STREET ADDRESS

201 E. MAIN STREET

CITY - ST - ZIP

TAVARES FL

TITLE

P

☐ DELETE

NAME

MICHAEL A. FRENCH

STREET ADDRESS

201 E. MAIN STREET

CITY - ST - ZIP

TAVARES FL

TITLE

TD

☐ DELETE

NAME

QUATTLEBAUM, VIVIAN

STREET ADDRESS

201 E. MAIN STREET

CITY - ST - ZIP

TAVARES FL

TITLE

V

☐ DELETE

NAME

UNDERWOOD, SUE

STREET ADDRESS

201 E. MAIN STREET

CITY - ST - ZIP

TAVARES FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Feleccia, Danny

☒ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

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51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vivian M. Quattlebaum Vivian M. Quattlebaum 8-19-96

352-742-6417

CR2E037 (12/95)