

FILE NOW: FILING FEE IS \$61.25

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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26859 (1)
1. Corporation Name
THE TAVARES POLICE OFFICERS' ASSOCIATION, INC.



Principal Place of Business 201 E. MAIN STREET TAVARES FL 32778	Mailing Address 201 E. MAIN STREET TAVARES FL 32778-3807
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3. Date Incorporated or Qualified 06/08/1988	3a. Date of Last Report 08/23/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

4. FEI Number 59-2904847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 SUMMERS, GARY L. 380 WEST ALFRED STREET TAVARES FL 32778	
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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 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 <input type="checkbox"/> DELETE
NAME	BAKER, SHEILA
STREET ADDRESS	201 E MAIN ST.
CITY-ST-ZIP	TAVARES FL
TITLE	O <input type="checkbox"/> DELETE
NAME	FELECCIA, DANNY
STREET ADDRESS	201 E. MAIN STREET
CITY-ST-ZIP	TAVARES FL
TITLE	P <input type="checkbox"/> DELETE
NAME	MICHAEL A. FRENCH
STREET ADDRESS	201 E. MAIN STREET
CITY-ST-ZIP	TAVARES FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	QUATTLEBAUM, VIVIAN
STREET ADDRESS	201 E. MAIN STREET
CITY-ST-ZIP	TAVARES FL
TITLE	V <input type="checkbox"/> DELETE
NAME	UNDERWOOD, SUE
STREET ADDRESS	201 E. MAIN STREET
CITY-ST-ZIP	TAVARES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD Quattlebaum, Vivian
4.3 STREET ADDRESS	201 E. Main St.
4.4 CITY-ST-ZIP	Tavarez, FL 32778
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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]* 352
2/19/97 747-6200

CR2E037 (9/96)