

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N27099 (3)

1. Corporation Name

PRIVATE INVESTIGATOR'S ASSOCIATION OF FLORIDA, I
NC.

Principal Place of Business

Mailing Address

% JAMES REDDICK
1205 PINE HILLS RD.
ORLANDO FL 32808

1205 PINE HILLS ROAD
1205 PINE HILLS RD.
ORLANDO FL 32808
US



3. Date Incorporated or Qualified
06/23/1988

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

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

8. 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

REDDICK, JAMES
1205 PINE HILLS ROAD
ORLANDO FL 32808

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CANTRELL, P J
STREET ADDRESS 955 W LANCASTER RD BOX 375
CITY-ST-ZIP ORLANDO FL ☒ DELETE

1.1 TITLE PD
1.2 NAME MICHELLE HORTON
1.3 STREET ADDRESS 1319 MONTESSA LANE
1.4 CITY-ST-ZIP ORLANDO, FL 32807 ☒ Change ☐ Addition

TITLE VD
NAME KING, TERYL F
STREET ADDRESS 5840 REDBUG LAKE ROAD #100
CITY-ST-ZIP WINTER SPRINGS FL ☒ DELETE

2.1 TITLE VD
2.2 NAME ROCCO BELLANTONI
2.3 STREET ADDRESS P.O. BOX 677386
2.4 CITY-ST-ZIP ORLANDO, FL 32867 ☒ Change ☐ Addition

TITLE VT
NAME BOOTH, LINDA J
STREET ADDRESS 955 W LANCASTER ROAD #375
CITY-ST-ZIP ORLANDO FL ☒ DELETE

3.1 TITLE VT
3.2 NAME JAMES REDDICK
3.3 STREET ADDRESS 1205 PINE HILLS RD.
3.4 CITY-ST-ZIP ORLANDO, FL 32808 ☒ Change ☐ Addition

TITLE SD
NAME MATCHETT, JANICE
STREET ADDRESS STE 801 220 S COLLIER BLVD
CITY-ST-ZIP MARCO ISL FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

JAMES REDDICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 407-293-1508
Date Daytime Phone #

CR2E037 (12/95)