

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90135 042 ****70.00

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DOCUMENT # N27099

1. Corporation Name

**PRIVATE INVESTIGATOR'S ASSOCIATION OF FLORIDA, I
NC.**

Principal Place of Business

**4652 COVENTRY COURT
ORLANDO FL 32812**

Mailing Address

**4652 COVENTRY COURT
ORLANDO FL 32812**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/23/1988

4. FEI Number

59-3016012

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**

9. Name and Address of Current Registered Agent

**STURGEON, DEBORAH
4652 COVENTRY COURT
ORLANDO FL 32812**

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 agent or registered agent for 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

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
MORTON, MICHELLE
1319 MONTEGG LANE
ORLANDO FL 32807**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VPD
REDDICK, JAMES
1205 PINE HILLS ROAD
ORLANDO FL 32808**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD
MOORE, JR., LUTHER
2964 OAK HAMMOCK CT.
OVIEDO FL 32765**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD
MOODY, SHELLEY
2728 CERAM AVE
ORLANDO FL 32837**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**VPD
JACK BAPTISTE
1207 Pine Hills Rd.
ORLANDO, FL 32808**

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**SD
MARIA HAHN
409 Chestnut Ave.
ALTAMONTE SPRINGS, FL 32701**

☒ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: **Michelle Morton** **REMICHELED M. MORTON** **1-26-99** **407-282-3735**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)