FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

N27558

(8)

Mailing Address

ASSOCIATION OF PUBLIC SAFETY COMMUNICATIONS OFFI CIALS-INTERNATIONAL, INC. FLORIDA CHAPTER

C/O TERRY NEHRING 3701 12TH STREET TAMPA FL 33603 US		C/O TERRY NEHRING 3701 12TH STREET TAMPA FL 33603-5132 US			Date Incorporated or Qualified 07/22/1988	3. Date Incorporated or Qualified 3a. Date of Last Report 07/22/1988 03/26/1996			
2. Principal Pr	ace of Business	2a. Mailing Address			4. FEI Number		- Ap	plied For	
21 PO BOX	20726	26 PO Box 2072	26		59-2311896			t Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc. 27 c/o Robert Luke			5. Certificate of Status Desired	5. Certificate of Status Desired Section 88.75 Additional Fee Required			
City & State 23 Tampa, FL		City & State 28 Tampa FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24 33622	Country Zip Cou			is	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					
·				Name					
KERR, RANDALL W. 913 SW 5TH STREET			8:	Street	treet Address (P.O. Box Number is Not Acceptable) 913 SE 5th Street				
C/O ALACHUA COUNTY SHERIFFS OFFICE			8)	, 52 0011 001 000				
	ALLE FL 32602	, L	8	City		FL	85 Zip (
11. Pursuant t	o the provisions of Sections 617 0502	and 617 1508. Florida Statut	es, the abo	ve-named	corporation submits this statement for the	purpose of ch	326	s registered	
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 a Grept the obligations of Section 617.0503, Florida Statutes.									
SIGNATURE _	Signature, typed or pilited name of registered agent	and title if applicable (NOT	E. Ragisterad A	neot signet ve	e required when reinstating)	2/24/97			
12.	OFFICERS AND		13.	gow angiverior	ADDITIONS/CHANGES TO OFF		IRECTOR	IS IN 12	
TITLE	PD /	₩ DELETE	1.1 TITLE		IPD		Change	Addition	
NAME	DURAN-CARVAJAL, NATALIE		1.2 NAM		Luke, Barry				
STREET ADDRESS	5680 SW 87TH AVENUE			ET ADDRESS	721 NW 6th Street				
CITY-ST-ZIP	5 M A S M C C C C C C C C C C C C C C C C C C			ST-ZIP	Gainesville, FL 32601				
TITLE	VO	₩ DELETE	2.1 TITLE		VD		Change	Addition	
NAME	LIKE, BARRY H	 ·	2.2 NAM					-	
STREET ADDRESS	721 NW 6TH STREET			T ADORESS	D'Orazio, Deborah 3301 E. Tamiami Trail	. Blda	J		
CITY-SI-ZIP	GAINESVILLE FL		2.4 CITY		Naples, FL 33962	, -, -, -,			
TITLE	SD	₩ DELETE	3.1 TITLE		SD SD	T.	Change	Addition	
NAME	NEHRING, TERRY R	— · · ·	32 NAM			-	•	_	
STREET ADDRESS	3701 12TH STREET			ET ADDRESS	Luke, Robert 4619 Driesler Circle				
CITY-ST-ZIP	TAMPA FL 33603		3.4. CITY						
TITLE	TD	DELETE	4.1 TITLE		Tampa, FL 33634		Change	Addition	
NAME	KERR, RANDALL W.		4. 2 NAW		Kerr, Randall			_	
SIREET ADDRESS	913 SE 5TH STREET			ET ADDRESS	913 SE Sta Street				
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY		Gainesville, FL 326	.n1			
TITLE	n	DELETE	5.1 TITLE		daniesvicie;)L OLO	<u> </u>	Change	Addition	
NAME	DZOBA, NANCY	2000	5.2 NAM				•		
STREET ADDRESS	1300 W. BROWARD BLVD.			Et address	}				
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		5.4 CITY						
TITLE	D	X DELETE	6.1 TITLE				Change	 ■ Addition	
NAME	D'ORAZIO, DEBBIE	GE CLOSE	6.2 NAM		Cohmidt Dobin	_			
1	3301 E. TAMIAMI TRAIL BLDG	.1			Schmidt, Robin			;	
STREET ADDRESS	AIADI EC EL	U	0.3 STME	ET ADDRESS	3228 Gun Club Road	00406			

14. If 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:

(352) 955-252*5*

FILED

Mar 26 1997 8:00am

Secretary of State