

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:17

DOCUMENT # **N28945 (6)**

1. Corporation Name

TAMPA BAY AREA CHIEFS OF POLICE ASSOCIATION, INC

Principal Place of Business

Mailing Address

% TROY E. SURRENCY
611 S. COLLINS ST.
PLANT CITY FL 33566

% TROY E. SURRENCY
611 S. COLLINS ST.
PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/20/1988** 3a. Date of Last Report **02/17/1994**

4. FEI Number **59-2974148** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SURRENCY, TROY E
611 S. COLLINS ST.
PLANT CITY FL 33566

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **TROY E. SURRENCY, SECRETARY/TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

01-11-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **THOMPSON, PHILIP A.**
STREET ADDRESS **702 E. PASCO AVENUE**
CITY-ST-ZIP **DADE CITY FL**

1.1 TITLE **PRESIDENT** Change Addition
1.2 NAME **SAM V. BACA**
1.3 STREET ADDRESS **219 N. MASSACHUSETTS AVENUE**
1.4 CITY-ST-ZIP **LAKELAND, FLA 33801**

TITLE **V**
NAME **BACA, SAM V.**
STREET ADDRESS **219 NORTH MASSACHUSETTS AVENUE**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE **1ST VICE PRESIDENT** Change Addition
2.2 NAME **RAYMOND FRANKOSKI**
2.3 STREET ADDRESS **ADMINISTRATION BUILDING SUITE 221**
2.4 CITY-ST-ZIP **CLEARWATER, FLA 34622-2907**

TITLE **V**
NAME **FRANKOSKI, RAYMOND W.**
STREET ADDRESS **ADMINISTRATION BUILDING SUITE 221**
CITY-ST-ZIP **CLEARWATER FL**

3.1 TITLE **2ND VICE PRESIDENT** Change Addition
3.2 NAME **CURT WILLOCKS**
3.3 STREET ADDRESS **2401 53RD STREET SOUTH**
3.4 CITY-ST-ZIP **GULFPORT, FLA 33707**

TITLE **ST**
NAME **SURRENCY, TROY**
STREET ADDRESS **611 SOUTH COLLINS STREET**
CITY-ST-ZIP **PLANT CITY FL**

4.1 TITLE **SECRETARY/TREASURER** Change Addition
4.2 NAME **TROY E. SURRENCY**
4.3 STREET ADDRESS **611 SOUTH COLLINS STREET**
4.4 CITY-ST-ZIP **PLANT CITY, FLA 33566**

TITLE **D**
NAME **SMITH, WADE**
STREET ADDRESS **3247 LAKELAND HILLS BLVD**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE **DIRECTOR** Change Addition
5.2 NAME **GEORGE FERRIS**
5.3 STREET ADDRESS **15 N.W. 1ST STREET**
5.4 CITY-ST-ZIP **FORT MEADE, FLA 33841**

TITLE **D**
NAME **WILLOCKS, G. CURT**
STREET ADDRESS **2401 53RD STREET SOUTH**
CITY-ST-ZIP **GULFPORT FL**

6.1 TITLE **DIRECTOR** Change Addition
6.2 NAME **BENNIE HOLDER**
6.3 STREET ADDRESS **1710 TAMPA STREET**
6.4 CITY-ST-ZIP **TAMPA FLA 33602**

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Troy E. Surrency
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-95

(813) 757-9269

TROY E. SURRENCY, SECRETARY/TREASURER