

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 2-5-96 B

(6) 0756 C

DOCUMENT # N28945

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

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611 S. COLLINS ST.
PLANT CITY FL 33566

3. Date Incorporated or Qualified
10/20/1988

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2974148

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

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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

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

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 TROY E. SURRENCY SECRETARY

(NOTE: Registered agent signature required when this is done)

DATE 1-18-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BACA, SAM V	
STREET ADDRESS	2190 N MASSACHUSETTS AV	
CITY-ST-ZIP	LAKELAND FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRANKOS, RAYMOND	
STREET ADDRESS	ADMIN BLDG, STE 221	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLOCKS, CURT	
STREET ADDRESS	2401 53 ST S	
CITY-ST-ZIP	GULFPORT FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SURRENCY, TROY	
STREET ADDRESS	611 SOUTH COLLINS STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRIS, GEORGE	
STREET ADDRESS	15 NW 1 ST	
CITY-ST-ZIP	FT MEADE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLOCKS, G. CURT	
STREET ADDRESS	2401 53RD STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chief Raymond Frankoski	
1.3 STREET ADDRESS	Admin. Building Suite 221	
1.4 CITY-ST-ZIP	Clearwater, Fla	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sam V. Baca	
2.3 STREET ADDRESS	219 N. Massachusetts Avenue	
2.4 CITY-ST-ZIP	Lakeland, Fla 33801	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phillip Thompson	
3.3 STREET ADDRESS	38042 E. Pasco Avenue	
3.4 CITY-ST-ZIP	Dade City, Fla 33525	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chief Bennie Holder	
4.3 STREET ADDRESS	1710 Tampa Street	
4.4 CITY-ST-ZIP	Tampa, Florida 33602	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chief Gordon Jolly	
5.3 STREET ADDRESS	P.O. Box 3528	
5.4 CITY-ST-ZIP	Sarasota, Fl 34230	
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 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: Troy E. Surrency, Secretary/Treasurer

01-17-96 (813) 757-9200

CR2E037 (12/95)