


FILE NOW: FILING FEE IS \$61.25

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**Jan 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28945 (6)
 1. Corporation Name
TAMPA BAY AREA CHIEFS OF POLICE ASSOCIATION, INC



Principal Place of Business % TROY E. SURRENCY PO BOX 1588 PLANT CITY FL 33564 US	Mailing Address % TROY E. SURRENCY PO BOX 1588 PLANT CITY FL 33564 US
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3. Date Incorporated or Qualified
10/20/1988

4. FEI Number
59-2974148

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business
 21 2a. Mailing Address
 26

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 City & State 28 City & State

7. Is this nonprofit corporation a homeowners association?
 Yes No

24 Zip 25 Country 29 Zip 30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**SURRENCY, TROY E
 PO BOX 1588 (9917 39 SO LITHIA FL
 PLANT CITY FL 33564**

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 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	WILLOCKS, CURT
STREET ADDRESS	2401 53 ST SO
CITY-ST-ZIP	GULFPORT FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BACA, SAM V.
STREET ADDRESS	219 N MASSACHUSETTS AVENUE
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, PHIL
STREET ADDRESS	HWY 39 NO
CITY-ST-ZIP	DADE CITY FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	SURRENCY, TROY
STREET ADDRESS	611 SOUTH COLLINS STREET
CITY-ST-ZIP	PLANT CITY FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	HOLDER, BENNIE CHIEF
STREET ADDRESS	1710 TAMPA STREET
CITY-ST-ZIP	TAMPA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FRANKUSKI, RAYOND CHIEF
STREET ADDRESS	ADMIN BLDG STE 221
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOE L. MATO
1.3 STREET ADDRESS	2189 CLEVELAND ST., SUITE # 266
1.4 CITY-ST-ZIP	CLEARWATER, FL. 33765
2.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BENNIE R. HOLDER
2.3 STREET ADDRESS	1710 TAMPA ST
2.4 CITY-ST-ZIP	TAMPA, FL. 33602
3.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	I.W. HEATHCOTE
3.3 STREET ADDRESS	444 CAUSEWAY BLV"D
3.4 CITY-ST-ZIP	BELLEAIR BEACH, FL. 34635
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAUL URAVICH
5.3 STREET ADDRESS	4202 E. FLOWER AVE
5.4 CITY-ST-ZIP	TAMPA, FL. 33620
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TOM WHEELER
6.3 STREET ADDRESS	501 HINSON AVE
6.4 CITY-ST-ZIP	HAINES CITY FL. 33844

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.

SIGNATURE: *Troy E. Surrency* **TROY E. SURRENCY 01-09-98 813-732-3455**

CR2E037 (10/97)