


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90001 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28945
 1. Corporation Name
TAMPA BAY AREA CHIEFS OF POLICE ASSOCIATION, INC

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Principal Place of Business % TROY E. SURRENCY PO BOX 1508 PLANT CITY FL 33564 US	Mailing Address % TROY E. SURRENCY PO BOX 1508 PLANT CITY FL 33564 US
9917 HWY 39 SO. LITHIA, FL 33547	9917 HWY 39 SO Lithia, FL 33547

2. Principal Place of Business 21 TROY E. SURRENCY	2a. Mailing Address 26 SAME	3. Date Incorporated or Qualified 10/20/1988
Suite, Apt. #, etc. 22 9917 HWY 39. SO.	Suite, Apt. #, etc. 27	4. FEI Number 59-2974148
City & State 23 LITHIA	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33547	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SURRENCY, TROY E PO BOX 1508 (9917 39 SO LITHIA FL PLANT CITY FL 33564 LITHIA, FL 33547	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
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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 - TROY E. SURRENCY** DATE **JUNE 8, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE	NAME MATO, LOE L	1.1 TITLE VP	1.2 NAME ROMINE, W (JAY) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2189 CLEVELAND ST, STE 226	CITY-ST-ZIP CLEARWATER FL 33765	1.3 STREET ADDRESS 5901 MARINA DR	1.4 CITY-ST-ZIP HOLMES BEACH, FL 33427
TITLE P <input type="checkbox"/> DELETE	NAME HOLDER, BENNIE R	2.1 TITLE	2.2 NAME
STREET ADDRESS 1710 TAMPA ST	CITY-ST-ZIP TAMPA FL 33602	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE VP <input type="checkbox"/> DELETE	NAME HEATHCOTE, I W	3.1 TITLE	3.2 NAME
STREET ADDRESS 444 CAUSEWAY BLVD	CITY-ST-ZIP BELLEAIR BEACH FL 34635	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE ST <input type="checkbox"/> DELETE	NAME SURRENCY, TROY	4.1 TITLE	4.2 NAME
STREET ADDRESS 611 SOUTH COLLINS STREET	CITY-ST-ZIP PLANT CITY FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	NAME URAVICH, PAUL	5.1 TITLE	5.2 NAME
STREET ADDRESS 4202 E FLOWER AVE	CITY-ST-ZIP TAMPA FL 33620	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE	NAME WHEELER, TOM	6.1 TITLE	6.2 NAME
STREET ADDRESS 501 HINSON AVE	CITY-ST-ZIP HAINES CITY FL 33844	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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: **Troy E. Surrency** SIGNATURE RET: **TROY E. SURRENCY** Date: **7-8-99** (813) 737-3453