

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (If DISSOLVED); MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Oct 08 1998 8:00am  
Secretary of State

DOCUMENT # N34346

(9)

1. Corporation Name

FOUNDATION FOR LAW ENFORCEMENT OFFICERS ASSISTANCE, INC.

Principal Place of Business

Mailing Address

5013 GILBERT AVE  
TAMPA FL 33615

5013 GILBERT AVE  
TAMPA FL 33615

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

9. Name and Address of Current Registered Agent

HOGSTEN, JANET ANN  
5013 GILBERT AVE  
TAMPA FL 33615

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12 OFFICERS AND DIRECTORS

TITLE D [DELETE]

NAME HOGSTEN, JANET ANN

STREET ADDRESS 5013 GILBERT AVE

CITY-STATE-ZIP TAMPA FL

TITLE D [DELETE]

NAME O'FARRELL, CHRIS

STREET ADDRESS 6517 DOVEWOOD PL

CITY-STATE-ZIP TAMPA FL

TITLE D [DELETE]

NAME GUSSE, PETER

STREET ADDRESS 79 GIFFORD CHURCH RD

CITY-STATE-ZIP SCHENECTADY NY

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-STATE-ZIP [DELETE]

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-STATE-ZIP [DELETE]

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-STATE-ZIP [DELETE]

TITLE [DELETE]

NAME [DELETE]

STREET ADDRESS [DELETE]

CITY-STATE-ZIP [DELETE]

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

09/22/1989

4. FEI Number

59-3013069

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. Is this nonprofit corporation a homeowners association?

[ ] Yes [X] No

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

10. Name and Address of New Registered Agent

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (5/98)