

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N34538

(1)

1. Corporation Name

PALM BAY OFFICERS' ASSOCIATION, INC.

FILED

95 JUL 10 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001536533

-07/13/95--01015--017

****100.00 ****100.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3004210	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	

Principal Place of Business		Mailing Address	
% GEORGE B. TURNER, P.A. 932 S. WICKHAM RD. STE A W. MELBOURNE FL 32904		% GEORGE B. TURNER, P.A. 932 S. WICKHAM RD. STE A W. MELBOURNE FL 32904	
2. Principal Place of Business	2a. Mailing Address	21. Suits, Apt. #, etc.	26. Suits, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent	
TURNER, GEORGE B. 932 S. WICKHAM RD. SUITE A MELBOURNE FL 32904	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	FOWLER, DAVID	1.2 NAME	RICHARD CARTER
STREET ADDRESS	P.O. BOX 100282	1.3 STREET ADDRESS	P.O. BOX 100282 N/A
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	PALM BAY FL 32905
TITLE	DV	2.1 TITLE	DV
NAME	SANTIAGO, GEORGE	2.2 NAME	JEFFREY KRAYNICK
STREET ADDRESS	P.O. BOX 100282	2.3 STREET ADDRESS	P.O. BOX 100282 N/A
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	PALM BAY FL 32905
TITLE	DS	3.1 TITLE	DS/T
NAME	DECOTEAU, JEFFREY	3.2 NAME	DAN FISHER
STREET ADDRESS	P.O. BOX 100282	3.3 STREET ADDRESS	P.O. BOX 100282 N/A
CITY-ST-ZIP	PALM BAY FL 32906	3.4 CITY-ST-ZIP	PALM BAY FL 32905
TITLE	DT	4.1 TITLE	
NAME	DIEBEL, ERNEST	4.2 NAME	
STREET ADDRESS	P.O. BOX 100282	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	
NAME	SMITH, JEFF	5.2 NAME	
STREET ADDRESS	P.O. BOX 100282	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32906	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or in an attachment with an address.

SIGNATURE:

RICHARD S. CARTER

03-24-95

407-952-3460