
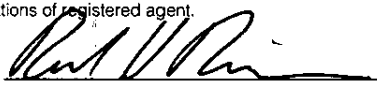
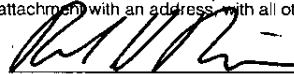


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N35314</b> 1. Entity Name <b>FLORIDA LAW ENFORCEMENT PUBLIC INFORMATION OFFICERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4211 N LOIS AVE TAMPA, FL 33614 US</b>			Mailing Address <b>4211 N LOIS AVE TAMPA, FL 33614 US</b>		
2. Principal Place of Business <b>2801 CORAL SPRINGS DR.</b>		3. Mailing Address <b>2801 CORAL SPRINGS DR.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>CORAL SPRINGS, FL</b>		City & State <b>CORAL SPRINGS, FL</b>		4. FEI Number <b>65-0226341</b>	
Zip <b>33065</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MORERA, RICK 4211 N LOIS AVE TAMPA, FL 33614</b>		7. Name and Address of New Registered Agent Name <b>NICORVO, RICHARD H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2801 CORAL SPRINGS DR.</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33065</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <b>RICHARD H. NICORVO</b> <b>TREASURER</b> <b>JULY 15, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATLAS, JENELL 800 SE MONTEREY RD STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORERA, RICK 4211 N LOIS AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARKEY, JOE BUILDING 51 MUSEUM RD GAINESVILLE, FL 32611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARHART, DIANE 3228 GUN CLUB RD WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICORVO, RICHARD H. 2801 CORAL SPRINGS DR. CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  <b>RICHARD H. NICORVO</b> <b>JULY 15, 2004</b> <b>954-346-1233</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07142004 Chg-NP CR2E037 (10/03)