

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N35314

1. Entity Name
**FLORIDA LAW ENFORCEMENT PUBLIC INFORMATION
OFFICERS ASSOCIATION, INC.**



Principal Place of Business
**800 SE MONTEREY ROAD
STUART, FL 34994 US**

Mailing Address
**800 SE MONTEREY ROAD
STUART, FL 34994 US**



02242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0226341** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ATLAS, JENELL C
800 SE MONTEREY ROAD
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ATLAS, JENELL
STREET ADDRESS	800 SE MONTEREY RD
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	LIPNER-HOLBERT, SHARI
STREET ADDRESS	9300 NW 41ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	T
NAME	LOFFREDO, JIM
STREET ADDRESS	8000 SE TOWER DR
CITY-ST-ZIP	STUART, FL 34997
TITLE	V
NAME	KAMEG, KEITH
STREET ADDRESS	P.O. BOX 1250
CITY-ST-ZIP	GAINESVILLE, FL 32602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06-80062-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K 3/24/06

Date

Daytime Phone #