FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 15 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44171 (9)

1. Corporation Name

PALM BEACH COUNTY COMMUNITY ORIENTED POLICING AS SOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 18293 WEST PALM BEACH FL 33416-8293	P.O. BOX 18293 WEST PALM BEACH FL 33416-8293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0356307 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30
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

9. Name and Address of Current Registered Agent

MAIO, JOHN V
C/O PALM BEACH POLICE DEPARTMENT
345 SOUTH COUNTY ROAD
PALM BEACH FL 33480

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

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: John V. Maio, Treasurer — DATE: 030895
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	MACCAULEY, GERALD	1.2 NAME		
STREET ADDRESS	WPBPD., 901 DATURA STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	33401	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	EBERHART, DAVID M.	2.2 NAME	Steven Yaroma	
STREET ADDRESS	DBPD, 300 WEST ATLANTIC AVENUE	2.3 STREET ADDRESS	JPD, 210 Military Trail	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	DEMARCO, KELLY	3.2 NAME		
STREET ADDRESS	WPBPD, 901 DATURA STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	33401	
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	MAIO, JOHN V	4.2 NAME		
STREET ADDRESS	PBPD, 345 S. COUNTY ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	33480	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 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.

SIGNATURE: Gerald W. MacCauley — Gerald MacCauley, President — 3-8-95 — (407) 835-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018707