

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N44171 (9)**

1. Corporation Name

**PALM BEACH COUNTY COMMUNITY ORIENTED POLICING AS  
SOCIATION, INC.**



Principal Place of Business

P.O. BOX 18293  
WEST PALM BEACH FL 33416-8293

Mailing Address

P.O. BOX 18293  
WEST PALM BEACH FL 33416-8293

3. Date Incorporated or Qualified

06/28/1991

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0356307

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

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 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.

**John V. Maio, Treasurer**

04/096

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD  
MACCAULEY, GERALD  
WPBPD, 901 DATURA STREET  
WEST PALM BEACH FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**VD  
YAROMA, STEVEN  
JPD 210 MILITARY TRAIL  
JUPITER FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SD  
DEMARCO, KELLY  
WPBPD, 901 DATURA STREET  
WEST PALM BEACH FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TD  
MAIO, JOHN V  
PBPB, 345 S. COUNTY ROAD  
PALM BEACH FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VD**

**Eberhart, David M.  
DBPD, 300 W. Atlantic Ave.  
Delray Beach, FL**

**D**

**Mayo, Clara  
LWPD, 120 N. 'G' St.  
Lake Worth, FL**

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)(k), 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 MacCauley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gerald MacCauley, President**

**(407) 835-7071**

Date

Daytime Phone #

CR2E037 (12/95)