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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified
06/28/1991

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 540006
Suite, Apt #, etc.

26 P.O. Box 540006
Suite, Apt. #, etc.

4. FEI Number
65-0356307

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

City & State

City & State

23 Lake Worth, FL

28 Lake Worth, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33454-0006

25 USA

29 33454-0006

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Steven Booth C/O Greenacres D.P.S

82 Street Address (P.O. Box Number is Not Acceptable)
2995 Jog Road

83

84 City Greenacres

FL 85 Zip Code 33467

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

Steven Booth, Treasurer

04-25-97

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MACCAULEY, GERALD	
STREET ADDRESS	WPBPD, 901 DATURA STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eberhart, David M	
1.3 STREET ADDRESS	DBPD, 300 W. Atlantic Ave.	
1.4 CITY-ST-ZIP	Delray Beach, FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EBERHART, DAVID M	
STREET ADDRESS	300 W. ATLANTIC AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Settellen, Sherry	
2.3 STREET ADDRESS	DBPD, 300 W. Atlantic Ave.	
2.4 CITY-ST-ZIP	Delray Beach, Florida	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DEMARCO, KELLY	
STREET ADDRESS	WPBPD, 901 DATURA STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	

3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Theel, Kim	
3.3 STREET ADDRESS	JPD, 210 Military Trail	
3.4 CITY-ST-ZIP	Jupiter, FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAIO, JOHN V	
STREET ADDRESS	PBPD, 345 S. COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH FL	

4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steven Booth	
4.3 STREET ADDRESS	GAPS, 2995 Jog Road	
4.4 CITY-ST-ZIP	Greenacres, FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYO, CLARA	
STREET ADDRESS	LWPD, 120 N "G" STREET	
CITY-ST-ZIP	LAKE WORTH FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Booth, Treasurer

04-25-97

Date

Daytime Phone # 0041416

CR2E037 (9/96)