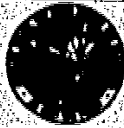


FILE NOW: FILING FEE AFTER MAY 1 IS \$185.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48561 (7)
1. Corporation Name
FLORIDA SEX CRIMES INVESTIGATORS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1350
EATON PARK FL 33640
US

Mailing Address

P.O. BOX 1350
EATON PARK FL 33640
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1982	3a. Date of Last Report 04/14/1994
4. FEI Number 59-3136943	Applied For ☐ Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
24. Zip	30. Country

9. Name and Address of Current Registered Agent

**WILLIAMS, GLORIA J.
1120 FISH HATCHERY RD.
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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

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	12.1	1.1 TITLE	☐ Change ☐ Addition
NAME	12.2	1.2 NAME	
STREET ADDRESS	12.3	1.3 STREET ADDRESS	
CITY - ST - ZIP	12.4	1.4 CITY - ST - ZIP	
TITLE	12.5	2.1 TITLE	☐ Change ☐ Addition
NAME	12.6	2.2 NAME	
STREET ADDRESS	12.7	2.3 STREET ADDRESS	
CITY - ST - ZIP	12.8	2.4 CITY - ST - ZIP	
TITLE	12.9	3.1 TITLE	☐ Change ☐ Addition
NAME	12.10	3.2 NAME	
STREET ADDRESS	12.11	3.3 STREET ADDRESS	
CITY - ST - ZIP	12.12	3.4 CITY - ST - ZIP	
TITLE	12.13	4.1 TITLE	☐ Change ☐ Addition
NAME	12.14	4.2 NAME	
STREET ADDRESS	12.15	4.3 STREET ADDRESS	
CITY - ST - ZIP	12.16	4.4 CITY - ST - ZIP	
TITLE	12.17	5.1 TITLE	☐ Change ☐ Addition
NAME	12.18	5.2 NAME	
STREET ADDRESS	12.19	5.3 STREET ADDRESS	
CITY - ST - ZIP	12.20	5.4 CITY - ST - ZIP	
TITLE	12.21	6.1 TITLE	☐ Change ☐ Addition
NAME	12.22	6.2 NAME	
STREET ADDRESS	12.23	6.3 STREET ADDRESS	
CITY - ST - ZIP	12.24	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 110.07(3)(b), 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:

Michael G. Marino Michael G. MARINO

4/11/95 813 241 8675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER