

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N92000000168 (6)

1. Corporation Name

FORT MYERS POLICE BENEFIT ASSOCIATION, INC.

Principal Place of Business

2210 PECK STREET  
FT. MYERS FL 33901

Mailing Address

2210 PECK STREET  
FT. MYERS FL 33901



3. Date Incorporated or Qualified

11/06/1992

3a. Date of Last Report

06/14/1995

4. FEI Number

65-0425270

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

HAWKINS, CARLTON  
2210 PECK STREET  
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

Ralph Rudolph

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

2210 Peck St

83

84 City

Ft Myers

FL

85 Zip Code

33901

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

(NOTE: Registered Agent signature required when reinstating)

6-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

D  
NAME RAMEY, KEITH B  
STREET ADDRESS 2210 PECK STREET  
CITY-ST-ZIP FORT MYERS FL 33901

☐ DELETE

TITLE

STD  
NAME RUDOLPH, RALPH  
STREET ADDRESS 2210 PECK STREET  
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE

PD  
NAME MORRISSEY, KEVIN M  
STREET ADDRESS 2210 PECK STREET  
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE

D  
NAME MOTTAZ, HARRY LEE N JR.  
STREET ADDRESS 2210 PECK STREET  
CITY-ST-ZIP FORT MYERS FL 33901

☐ DELETE

TITLE

D  
NAME STREETS, JOHNNY  
STREET ADDRESS 2210 PECK STREET  
CITY-ST-ZIP FORT MYERS FL 33901

☐ DELETE

TITLE

D  
NAME DEANTONI, WAYNE  
STREET ADDRESS 2210 PECK STREET  
CITY-ST-ZIP FORT MYERS FL 33901

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-96

Date

941-334-4155

Daytime Phone #

CR2E037 (3/96)