

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 # N93000001969 (5)

1. Corporation Name

STATE POLICE OFFICERS COALITION, INC.



Principal Place of Business

Mailing Address

1523-C KILLEARN CENTER BOULEVARD
TALLAHASSEE FL 32308

PO BOX 14745
TALLAHASSEE FL 32317-4745

2. Principal Place of Business

2a. Mailing Address

21 316 W. Central Ave

26 P.O. Box 1005

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Winter Haven FL

28 City & State
Auburndale FL

24 Zip
33880

25 Country
FL

29 Zip
33823

30 Country
FL

3. Date Incorporated or Qualified

04/30/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3178579

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

9. Name and Address of Current Registered Agent

BURNHAM, DARRELL E
3711 SHAMROCK W. 135G
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

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

108 Owen Cir. S.

83

84

Auburndale

FL

85

Zip Code
33823

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BURNHAM, DARRELL E
STREET ADDRESS 3711 SHAMROCK W.; 135-G
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE S ☐ DELETE

NAME LEE C. BISHOP,
STREET ADDRESS P.O. BOX 185 N/A
CITY-ST-ZIP LEE FL 32059

TITLE D ☒ DELETE

NAME WILLIAM H. NORRIS
STREET ADDRESS 455 FULWOOD BLVD
CITY-ST-ZIP TIFTON GA GA 31794

TITLE I ☐ DELETE

NAME RICHARD D. HURST
STREET ADDRESS 500 SE SULLIVAN ST
CITY-ST-ZIP MADISON FL 32340

TITLE I ☐ DELETE

NAME ALTON RENEW
STREET ADDRESS P.O. BOX 972 N/A - STREET ADDRESS.
CITY-ST-ZIP CHATTACHOOEE FL 32324

TITLE D ☒ DELETE

NAME LEE JR., FARY LARKIN
STREET ADDRESS 3740 FORSYTHE WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

108 Owen Cir. S.
Auburndale FL 33823
SD

ID

ID

N/A

300001859233
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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: *Darrell E Burnham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-967-0146

249-9942

CR2E037 (12/95)