

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: 1523-C KILLEARN CENTER BOULEVARD TALLAHASSEE FL 32308
Mailing Address: PO BOX 14745 TALLAHASSEE FL 32317-4745

3. Date Incorporated or Qualified: 04/30/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 316 W. Central Ave
22 Suite, Apt. #, etc. 607
23 City & State: Winter Haven FL
24 Zip: 33880
25 Country: FLK
26 Mailing Address: P.O. Box 1025
27 Suite, Apt. #, etc.
28 City & State: Auburndale FL
29 Zip: 33823
30 Country: FLK

4. FEI Number: 59-3178579
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 City: 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	NAME: BURNHAM, DARRELL E STREET ADDRESS: 3711 SHAMROCK W., 135-G CITY-ST-ZIP: TALLAHASSEE FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	NAME: LEE C. BISHOP, STREET ADDRESS: P.O. BOX 185 N/A CITY-ST-ZIP: LEE FL 32059	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: WILLIAM H. NORRIS STREET ADDRESS: 455 FULWOOD BLVD CITY-ST-ZIP: TIFTON GA GA 31794	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: I	NAME: RICHARD D. HURST STREET ADDRESS: 500 SE SULLIVAN ST CITY-ST-ZIP: MADISON FL 3234-0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: I	NAME: ALTON RENEW STREET ADDRESS: P.O. BOX 972 N/A - STREET ADDRESS. CITY-ST-ZIP: CHATTACHOOEE FL 32324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: LEE JR., FARY LARKIN STREET ADDRESS: 3740 FORSYTHE WAY CITY-ST-ZIP: TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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
		108 Owen Cir. S.	Auburndale FL 33823	S D								I D				I D		N/A					

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] DATE: 4/30/96 DAYTIME PHONE #: 941-967-0146 or 249-9942

CR2E037 (12/95)