

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001969 (5)**

1. Corporation Name

**STATE POLICE OFFICERS COALITION, INC.**

Principal Place of Business

Mailing Address

316 W. CENTRAL AVE.  
#607  
WINTER HAVEN FL 33880

PO BOX 1025  
AUBURNDALE FL 33823-1025



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> 04/30/1993		<b>3a. Date of Last Report</b> 06/11/1996	
21 316 W. Central Ave. 22 607 23 Winter Haven FL 24 33880		26 316 W. Central Ave. 27 607 28 Winter Haven FL 29 33880		<b>4. FEI Number</b> 59-3178579		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNHAM, DARRELL E  
108 OWEN CIR S  
AUBURNDALE FL 33823

ADDR. Chg. only

81 Name	Burnham, Darrell E.
82 Street Address (P.O. Box Number is Not Acceptable)	316 W. Central Ave #607
83 City	Winter Haven
84 State	FL
85 Zip Code	33880

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President / Director
NAME	BURNHAM, DARRELL E	1.2 NAME	Burnham, Darrell E.
STREET ADDRESS	108 OWEN CIR S	1.3 STREET ADDRESS	316 W. Central Ave, #607
CITY-ST-ZIP	AUBURNDALE FL 33823	1.4 CITY-ST-ZIP	Winter Haven FL 33880
TITLE	SD	2.1 TITLE	
NAME	LEE C. BISHOP,	2.2 NAME	
STREET ADDRESS	P.O. BOX 185 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEE FL 32059	2.4 CITY-ST-ZIP	
TITLE	ID	3.1 TITLE	
NAME	RICHARD D. HURST	3.2 NAME	
STREET ADDRESS	500 SE SULLIVAN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 3234-0	3.4 CITY-ST-ZIP	
TITLE	ID	4.1 TITLE	
NAME	ALTON RENEW	4.2 NAME	
STREET ADDRESS	P.O. BOX 972 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTACHOOEE FL 32324	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)