

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N93000001969 (5)**  
1. Corporation Name  
**STATE POLICE OFFICERS COALITION, INC.**



Principal Place of Business <b>316 W. CENTRAL AVE. #607 WINTER HAVEN FL 33880</b>	Mailing Address <b>-PO-BOX 1025 -AUBURNDALE FL 33823-1025</b>
--	--

3. Date Incorporated or Qualified <b>04/30/1993</b>	3a. Date of Last Report <b>06/11/1996</b>
4. FEI Number <b>59-3178579</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. <b>316 W. Central Ave.</b>
23. City & State	27. <b>607</b>
24. Zip	28. <b>Winter Haven Fl.</b>
25. Country	29. <b>33880</b>
	30. <b>Polk</b>

9. Name and Address of Current Registered Agent  
**BURNHAM, DARRELL E  
108 OWEN CIR. S  
AUBURNDALE FL 33823**

*ADDR. chg. only*

10. Name and Address of New Registered Agent

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

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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>President / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURNHAM, DARRELL E</b>	<i>ADDR. chg. only</i>	1.2 NAME <b>Burnham, Darrell E.</b>	
STREET ADDRESS <b>108 OWEN CIR. S</b>		1.3 STREET ADDRESS <b>316 W. Central Ave. #607</b>	
CITY-ST-ZIP <b>AUBURNDALE FL 33823</b>		1.4 CITY-ST-ZIP <b>Winter Haven FL 33880</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEE C. BISHOP,</b>		2.2 NAME	
STREET ADDRESS <b>P.O. BOX 185 N/A</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>LEE FL 32059</b>		2.4 CITY-ST-ZIP	
TITLE <b>ID</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RICHARD D. HURST</b>		3.2 NAME	
STREET ADDRESS <b>500 SE SULLIVAN ST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MADISON FL 3234-0</b>		3.4 CITY-ST-ZIP	
TITLE <b>ID</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALTON RENEW</b>		4.2 NAME	
STREET ADDRESS <b>P.O. BOX 972 N/A</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>CHATTACHOOEE FL 32324</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (9/96)