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Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003710 (0)**

1. Corporation Name

**ORMOND BEACH CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**170 W GRANADA BLVD  
ORMOND BEACH FL 32174  
US**

**PO BOX 636  
ORMOND BEACH FL 32175**

3. Date Incorporated or Qualified

**07/25/1994**

4. FEI Number

**59-3313841**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** Zip

**25** Country

**29** Zip

**30** Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, ANDREW  
170 W GRANADA BLVD  
ORMOND BEACH FL 32174**

**81** Name

**Larry Mathieson**

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

**170 W. Granada Blvd.**

**83**

**84** City

**Ormond Beach**

**FL**

**85** Zip Code

**32174**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

**LARRY W. MATHIESON**

(NOTE: Registered Agent signature required when reinstating)

**03/24/98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD  
NAME  
SIMMONS, HELENANN  
STREET ADDRESS  
7500 SHADOW LAKES BLVD  
CITY-ST-ZIP  
ORMOND BEACH FL 32174**

TITLE ☐ DELETE

**VD  
NAME  
ZAPPI, ALI  
STREET ADDRESS  
170 W GRANADA BLVD  
CITY-ST-ZIP  
ORMOND BEACH FL 32174**

TITLE ☐ DELETE

**T  
NAME  
PARKER, JEANNE  
STREET ADDRESS  
30 CHIPPINGWOOD LN  
CITY-ST-ZIP  
ORMOND BEACH FL 32176**

TITLE ☐ DELETE

**SD  
NAME  
PORTA, JOSEPH  
STREET ADDRESS  
134 SETON TRAIL  
CITY-ST-ZIP  
ORMOND BEACH FL 32176**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **HELENANN SIMMONS** **3/21/98** **904677-0238**

CR2E037 (10/97)