

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000648

1. Corporation Name

The Commission for Florida Law Enforcement
Accreditation, Inc.

Principal Place of Business Mailing Address
Florida Sheriffs Association
2617 Mahan Drive
Tallahassee, Florida 32308

300001772653
-04/08/96--01082--014
***61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified Feb. 9, 1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3308040		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

J.M. "Buddy" Phillips
2617 Mahan Drive
Tallahassee, Florida 32308

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 obligation of Section 617.0503, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when resigning)

FL

4/4/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Judge W. Douglas Baird
STREET ADDRESS		13 STREET ADDRESS	315 Court Street, Room 484
CITY - ST - ZIP		14 CITY - ST - ZIP	Clearwater, FL 34616
TITLE	<input type="checkbox"/> DELETE	21 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Chief William B. Berger
STREET ADDRESS		23 STREET ADDRESS	17050 NE 19th Avenue
CITY - ST - ZIP		24 CITY - ST - ZIP	North Miami Beach, FL 33162
TITLE	<input type="checkbox"/> DELETE	31 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Chief George M. Ferris
STREET ADDRESS		33 STREET ADDRESS	15 NW 1st Street
CITY - ST - ZIP		34 CITY - ST - ZIP	Fort Meade, FL 33841-3350
TITLE	<input type="checkbox"/> DELETE	41 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Sheriff Stephen Oelrich
STREET ADDRESS		43 STREET ADDRESS	913 SE 5th Street
CITY - ST - ZIP		44 CITY - ST - ZIP	Gainesville, FL 32601-8011
TITLE	<input type="checkbox"/> DELETE	51 TITLE	Director - Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Sheriff Neil J. Perry
STREET ADDRESS		53 STREET ADDRESS	4015 Lewis Speedway
CITY - ST - ZIP		54 CITY - ST - ZIP	St. Augustine, FL 32095
TITLE	<input type="checkbox"/> DELETE	61 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Chief Charles L. Reynolds
STREET ADDRESS		63 STREET ADDRESS	121 SW Port St. Lucie Blvd.
CITY - ST - ZIP		64 CITY - ST - ZIP	Port St. Lucie, FL 34984

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR 25 1996

(904) 824-8304

CR2E037 (12/95)

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Additional Sheet

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**The Commission for Florida Law Enforcement
Accreditation, Inc.**

Principal Place of Business Mailing Address
**Florida Sheriffs Association
2617 Mahan Drive
Tallahassee, Florida 32308**

3. Date Incorporated or Qualified **Feb. 9, 1995** 3a. Date of Last Report

4. FFL Number **59-3308040** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**J.M. "Buddy" Phillips
2617 Mahan Drive
Tallahassee, Florida 32308**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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84 City **FL** 85 Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
Director	Sheriff Everett S. Rice	10750 Ulmerton Road	Largo, FL 34648-1798	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Commissioner Ray Sansom	1804 Lewis Turner Blvd., Suite 102	Ft. Walton Beach, FL 32548	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Chief Paul A. Uravich	4202 Fowler Avenue	Tampa, FL 33620	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Sheriff Richard H. Worch, Jr.	25500 Airport Road	Punta Gorda, FL 33950-5797	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Mr. Richard Quigley	301 South Ridgewood Avenue	Daytona Beach, FL 32114	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 2 5 1996

(904) 824-8304

Date

Daytime Phone

CR2E037 (12/95)