NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500000648

1. Corporation Name

THE COMMISSION FOR FLORIDA LAW ENFORCEMENT ACCREDITATION, INC.

Principal Place of Business 400 WEST ROBINSON ST STE 1023 SOUTH ORLANDO FL 32801 Mailing Address

400 WEST ROBINSON ST STE 1023 SOUTH ORLANDO FL 32801 FILED Mar 05, 1999 8:00 am Secretary of State

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Principal Place of Business 2a. Malling Address 25						3. Date incorporated or Qualified 02/09/1995			
21	Apt. #, etc.						4. FEI Number Applied For		
Suite, Apt. #, etcSuite, Apt. #, etc			العبيث تنبيت الرواات.			59-3308040 - Not Applicable			
22		27 Cibe	2 State				\$8.75 Additional		
			City & State				5. Certificate of Status Desired Fee Required .		
23 Zip	Country -	Zip-		Count	77.		6. Election Campaign Financing		
_				¬ ′			Trust Fund Contribution Added to Fees		
24 25 29 30					10. Name and Address of New Registered Agent				
	o. Hame also Manage of Garden			8	11 Name	,			
TIFODONEO FICOTOLLA									
THEODORIDES, ELECTRA M				8	82 Street Address (P.O. Box Number is Not Acceptable)				
2071 RINGLING BLYD				l a	13				
RM 241A									
SARASOT	A FL 34237			8	24 City		Fi 85 Zip Code		
						he above-named corporation's board of directors. I become account the appointment as registered			
						poration	n'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 reinstature) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DRIFT 13.TIF Change Addition									
any and the property of the pr				13.	Peul signaturi	· edvano	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D OFFICERS ALS	DI. (E.G.) DI	OELETE	1.1 TITU			☐ Change ☐ Addition		
· ·	BAIRD, W. DOUGLAS JUDGE			1.2 NAM	F	1			
NAME	ALE COLUET OWNER DOOM 404			1.3 STREET ADDRESS		,			
STREET ADDRESS	CLEARWATER FL 34616				4 CITY-ST-ZIP				
CITY-ST-ZIP					 	ÇQ,Change ☐ Addison			
TITLE	_			22 NAME REALS		180	THER WILLIAM B CHIEF DECHANGE LANGUAGE		
NAME	ACCOA NIC ACTI ANTAILE			22 NOWE 100 1/49		DE	101 NE 19TO AVE		
STREET NOTES TOOL THE TOTAL TOTAL				"A MONTH CALLARY DOWN ALL FOR "S SILE"		DOTH MINAURENCE PL 33/62			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		Masters	2.4 CTY		100	C Change MAddillon		
ΠILE	J			3.1 TITLE			THE DULLMAN H SHERIFF		
NAME	PETIMODO, TEILETA				A CONTRACT C				
STREET ADDRESS	יו ומט טסטרו וערוטרו טבינט				ET ADORESS	(C)	UTA GORDA FL 33950		
CITY-ST-ZIP	BOCA RATON FL 33432				-ST-ZIP	pur	Change Addition		
TITLE	D		☐ DELETE ====	4.1 TITLE		-	Midne 1 Autom		
NAME	OELRICH, STEPHEN SHERIFF			4, 2 NAM	-	İ			
STREET ADDRESS	913 SE 5TH STREET			4.3 STRE	EET ADDRESS	•			
CITY-ST-ZIP	GAINESVILLE FL 32601-8011			4.4 CITY-		_			
TITLE	D		DELETE	5.1 TITLE		D.	OULH JETERY A		
NAME	PERRY, NEIL J SHERIFF			5.2 NAME	-	bro	40 MAKLATE BLVD		
STREET ADDRESS	4015 LEWIS SPEEDWAY				ET ADORESS				
CITY-ST-ZIP	ST AUGUSTINE FL 32095			5.4 CITY		MA	REATE FL 33063		
TITLE	D		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition		
NAME	LIQUORI, WILLIAM A CHIEF]	62 NAM	E	1			
STREET ADDRESS	AND MICHAEL BOOK AND			8.3 STRE	EET ADORESS	3			
CITY.ST. 710	NORTH MIAMI BEACH FL 33162			B.4 CITY					
14. I hereby	certify that the information supplied with	this filing d	oes not qualify for th	e exem	ption state	d in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information		

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Formal statutes. I further cauth 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 cath; that I am an officer or director of the certiforation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if Changed_or op an attactiment with an address, with all other like empowered.

SIGNATURE

WEWATURE REQUIRED

AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/9/99 /407/318-3