

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 # N95000002836 (3)

1. Corporation Name

NORTH FLORIDA LAW ENFORCEMENT ASSOCIATION, INC.



Principal Place of Business

416 NORTH ADAMS ST.  
TALLAHASSEE FL 32301

Mailing Address

416 NORTH ADAMS ST.  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified  
06/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

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

9. Name and Address of Current Registered Agent

DOZIER, WILTON  
416 NORTH ADAMS ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

14. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DOZIER, WILTON  
STREET ADDRESS P.O. BOX 1811  
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE D ☒ DELETE  
NAME YONCE, JEFF  
STREET ADDRESS 3267 AFFIRMED COURT  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE  
NAME DOOLAN, FRANK  
STREET ADDRESS 1555 DELANEY DR., #814  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE  
NAME HENKEL, TOM  
STREET ADDRESS P.O. BOX 348  
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE D ☐ DELETE  
NAME HALL, STEVE  
STREET ADDRESS 1112 PINE AVE.  
CITY-ST-ZIP QUINCEY FL 32351

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 5113 Williams Rd  
1.4 CITY-ST-ZIP TALLAHASSEE FL 32311

2.1 TITLE T/D ☐ Change ☒ Addition  
2.2 NAME KEVIN TAYLOR  
2.3 STREET ADDRESS 2794 KENNESAW PL  
2.4 CITY-ST-ZIP TALLAHASSEE FL 32303

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE VP/D ☒ Change ☐ Addition  
4.2 NAME 2443 Potts Rd  
4.3 STREET ADDRESS TALLAHASSEE FL 32308  
4.4 CITY-ST-ZIP

5.1 TITLE 100001833221 ☐ Change ☐ Addition  
5.2 NAME -05/21/96--01162--003  
5.3 STREET ADDRESS \*\*\*61.25  
5.4 CITY-ST-ZIP

6.1 TITLE S/D ☐ Change ☒ Addition  
6.2 NAME Judy Suchocki  
6.3 STREET ADDRESS Rt 5 Box 4203  
6.4 CITY-ST-ZIP TALLAHASSEE FL 32311

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

04-16-96

Date

681-3228

Daytime Phone #

CR2E037 (12/95)