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Jan 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

416 NORTH ADAMS ST.
TALLAHASSEE FL 32301

416 NORTH ADAMS ST.
TALLAHASSEE FL 32301-1110

3. Date Incorporated or Qualified
06/15/1995

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOZIER, WILTON
416 NORTH ADAMS ST.
TALLAHASSEE FL 32301

81 Name

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

83

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DOZIER, WILTON
STREET ADDRESS 5113 WILLIAMS ROAD
CITY-ST-ZIP TALLAHASSEE FL 32311

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME TAYLOR, KEVIN
STREET ADDRESS 2794 KENNESAW PLACE
CITY-ST-ZIP TALLAHASSEE FL 32303

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

TITLE D
NAME HENKEL, TOM
STREET ADDRESS 2443 POTTS ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD
NAME SUCHOCKI, JUDY
STREET ADDRESS ROUTE 5 BOX 4203
CITY-ST-ZIP TALLAHASSEE FL 32311

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

W. Dozier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 904-681-3228
Date Daytime Phone

CR2E037 (9/96)