SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500005283 (5)

### April 1987 P.O. BOX 90482 TAMPA FL 39824 TAMPA	FLORIDA NATIONAL ASSOCIATION OF FIELD TRAINING OF FICERS, INC.								
TAMPA FL 33684 TAMPA FL 33684 See S	Principal Place	of Business	Mailing	Mailing Address					
2. Principal Place of Business 2a. Mailing Address 59-3347154 SNot Applicable 59-3347				TAMPA FL 33624					
2. Principal Piace of Business 2. Mailing Address 2. Mailing Address 2. Country 2. Cou			US						
Sulfe, Apt. #, efc. Sulfe, Apt. #, efc. 27									$\overline{}$
City & State City & State 28 29 20 20 20 20 20 20 30 30 30 30	2. Principal P	r ¬						Fee Required	i
City & State 28									
20				& State					-
Zip Country Zip Country				G CIBIG	10			, , , , , , , , , , , , , , , , , , ,	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 perfect or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby scelept the appointment as registered agent, and a submitted by the corporation's board of directors. I hereby scelept the appointment as registered agent, and a submitted by the corporation's board of directors. I hereby scelept the appointment as registered agent, and a submitted by the corporation's board of directors. I hereby scelept the appointment as registered agent, and a submitted by the corporation's board of directors. I hereby scelept the appointment as registered agent. I have been addressed agent, and a submitted by the corporation's board of directors. I hereby scelept the appointment as registered agent. I have been addressed agent to the provision and registered agent and the registered agent		Country						8. This corporation owes or has paid the current year Intangible	
STULL, R. JEFFREY ESQ. 602 SOUTH BOULEVARD TAMPA FL 33806 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered againt. at the million with the decorpt the obligation of sections 617.0502 and 617.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered againt. at the million with, million decorpt the obligation of sections of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered againt. at the million with, million of sections 617.0502 and 617.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered againt. at the million with, million of corporation submits this statement for the purpose of changing its registered againt. at the million with, million of changing its registered againt. at the million with, million of changing its registered againt. at the million with, million of changing its registered againt. at the million with, million of changing its registered againt. at the purpose of changing its registered aga	24	·		9 30					
STULL R. JEFFREY ESO. 602 SOUTH BOULEVARD TAMPA FL 33906 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 agent. I am familiar with, and accept the obligations of, section 17,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 17,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 17,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 17,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, section 17,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 17,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered statutes. The corporation submits this statement for the purpose of changing its registered statutes. The appointment as a statutes, the above-named corporation submits this statement for the purpose of changing its registered statutes. The appointment as a statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with a purpose dependent appointment as a statutes, the above-named corporation submits this statement for the purpose of changing its registered appointment as a statement for the purpose of changing its registered appointment as a statement for the purpose of changing its registered appo		9. Name and Address of Curr	rent Registered	l Agent				10. Name and Address of New Registered Agent	
602 SOUTH BOULEVARD TAMPA FL 33906 8		-				81	Name		
TAMPA FL 338068 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the source of registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE SIGNATURE Signature, hypedor printed agent and filt of applicable (NOTE: Registered Agent agenture required when refinalishing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD						82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
### City					Ī				
11. Pursuant to the provisions of sections 617.0502 and 617.1509. Florida Statutes, the above-named corporation submits this atterment for the purpose of changing its registered office or registered significance or positive appointment as registered office or registered significance or positive appointment as registered office or positive appointment as registered significance or positive appointment as registered difference or positive appointment as registered differences. SIGNATURE PD MILER, HUGH 11.11.II.E 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. NAME 17. II.II.E 1. STREET ADDRESS 14. CITY-ST-ZIP ITILE 10. E. BOYNTON BEACH FL 33406 13. STREET ADDRESS 14. CITY-ST-ZIP 15. TITLE 15. NAME 15. NAME 15. NAME 15. NAME 15. NAME 16. STREET ADDRESS 16. CITY-ST-ZIP 17. NAME 17. STREET ADDRESS						84	City	FL 85 Zip Code	
12.	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.								
TITLE	SIGNATURE.	Signature, typed or printed name of registered a	gent and title if applica	able (N	OTE: Registere	d Ag	ent signature requir	red when reinstaling) DATE	
NAME STREET ADDRESS 17 (0 TAMPA STREET 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	12.	OFFICERS	AND DIRECTO	RS	13.		· · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
STREET ADDRESS CITY-ST-ZP TAMPA FL 33802 TITLE WANE HUPRLEY, ED STREET ADDRESS CITY-ST-ZP TITLE STD DANYSH, WENDY STREET ADDRESS CITY-ST-ZP TITLE DANYSH, WENDY STREET ADDRESS CITY-ST-ZP TITLE STD DANYSH, WENDY STREET ADDRESS CITY-ST-ZP TITLE ADME STREET ADDRESS CITY-ST-ZP TITLE STD DELETE ADME STREET ADDRESS CITY-ST-ZP TITLE ADME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP	TITLE	PD		DELETE	1.1 7111	LE		Change Addi	tion
TITLE	NAME	MILLER, HUGH			1.2 NAJ	ME			
TITLE	STREET ADDRESS	1710 TAMPA STREET			1.3 STR	EET	ADDRESS		
NAME	-				_		-ZIP		
STREET ADDRESS 228 GUN CLUB ROAD 2.3 STREET ADDRESS				DELETE				Change Addi	tion
CITY-ST-ZIP WEST PALM BEACH FL 33406	1								
TITLE		- -							
NAME DANYSH, WENDY STREETADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP			15		_		-ZIP		
STREET ADDRESS 100 E. BOYNTON BEACH BLVD. 33.5TREET ADDRESS 34.CITY-ST-ZIP SOYNTON BEACH FL 33435 34.CITY-ST-ZIP	1			☐ DELETE				Change Addi	uon
STREET ADDRESS SUMME			Vn				ADDRESS		
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CTY-ST-ZIP 5.1 TITLE Change Addition NAME 5.2 NAME CTY-ST-ZIP Change Addition STREET ADDRESS 5.3 STREET ADDRESS CTY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.1 TITLE CANAME CHange Addition STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP CHANGE	1	 	TD.						
NAME 4.2 NAME \$TREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME \$TREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME \$TREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP		DOTATION DESCRIPTION		DELETE			<u></u>	Change Addi	ition
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME				4.2 NAI	ME			
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS				4.3 STR	REET	ADDRESS		
NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP				4.4 CIT	Y-ST	-ZIP		
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE			DELETE	5.1 TIT	LE		Change Addi	ition
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME				5.2 NAI	ME			
## TITLE	STREET ADDRESS				5.3 STR	REET	ADDRESS		
NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP						-ZIP		
STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TITLE			DELETE				Change Addi	ilion
CITY-ST-ZIP 6.4 CITY-ST-ZIP	1								
14. I hereby certify that the information supplied with this filing does not quelify for the exemption stated in section 119.07(3)(1), Florida Statutes. I further certify that the information		artifut that the information evantied	with this filing do	es not qualify for				tion 119 07/3Vi). Florida Statutes, I further certify that the information	

indicated on this annual report or supplied with unis unitig goes 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.

ERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR