

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
Sep 05 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 # N96000000346 (4)

1. Corporation Name

SEMINOLE COUNTY SHERIFF'S OFFICE CITIZEN POLICE
ACADEMY ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1345 - 28TH ST.
SANFORD FL 32773

1345 - 28TH ST.
SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/17/1996 3a. Date of Last Report n/a

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 owes or has paid the current year intangible Personal Property Tax due June 30. [] Yes [X] No

2. Principal Place of Business
21 1345-28th St
Suite, Apt. #, etc.

2a. Mailing Address
26 Same as Above
Suite, Apt. #, etc.

22 City & State
23 SANFORD, FL 32771

27 City & State
28 n/a

24 Zip 32771 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STACEY, RAYMOND D
1945 - 28TH ST.
SANFORD FL 32773

81 Name n/a
82 Street Address n/a
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 Raymond D. Stacey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/16/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TREASURER [X] DELETE
NAME WANDA ROSS
STREET ADDRESS 515 Cider Mill Place
CITY-ST-ZIP LAKE MARY, FL 32746

1.1 TITLE ~~TREASURER~~ [] Change [X] Addition
1.2 NAME MARTIN S. GREENWALD
1.3 STREET ADDRESS P.O. Box 3691 N/A
1.4 CITY-ST-ZIP WINTER SPRING, FL 32708

TITLE SECRETARY [X] DELETE
NAME MARY HARTFIELD
STREET ADDRESS P.O. Box 162914
CITY-ST-ZIP ALTAMONTE SPRING, FL 32716

2.1 TITLE SECRETARY [] Change [X] Addition
2.2 NAME CLISE WRIGHT
2.3 STREET ADDRESS 334 SHADOW BAY BLVD NO
2.4 CITY-ST-ZIP LONGWOOD, FL 32779

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Vice President/Director [] Change [X] Addition
3.2 NAME DON WHEELER
3.3 STREET ADDRESS 1345-28th St
3.4 CITY-ST-ZIP SANFORD, FL 32771

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE President/Director [] Change [X] Addition
4.2 NAME PETER ROBINSON
4.3 STREET ADDRESS 1345-28th St
4.4 CITY-ST-ZIP SANFORD, FL 32771

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
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 or both, and is not a duplicate of any name already listed.

SIGNATURE: [Signature] TREASURER 8/16/97 407-366-1732

CR2E037 (4/97)