


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 12 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 1345 - 28TH ST SANFORD FL 32771 US | Mailing Address 1345 - 28TH ST SANFORD FL 32771 US |
|--|--|

| | | | |
|--|------------------------------------|---|--|
| 3. Date Incorporated or Qualified 01/17/1996 | 4. FEI Number 59-3233178 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| APPLIED FOR | | | |

| | | | |
|--|---|---------------|---------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | Country 25 | Country 30 |
|--|---|---------------|---------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**STACEY, RAYMOND D
1345 - 28TH ST.
SANFORD FL 32773**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 No if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | GREENWALD, MARTIN S | |
| STREET ADDRESS | P O BOX 3691 N/A | |
| CITY-ST-ZIP | WINTER SPRINGS FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | WRIGHT, CLIFF | |
| STREET ADDRESS | 334 SHADOW BAY BLVD N | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | WHEELER, DON | |
| STREET ADDRESS | 1345 - 28 ST | |
| CITY-ST-ZIP | SANFORD FL | |
| TITLE | D President | <input type="checkbox"/> DELETE |
| NAME | ROBINSON, PETER | |
| STREET ADDRESS | 1345 - 28TH ST | |
| CITY-ST-ZIP | SANFORD FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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: Martin S Greenwald Treasurer 2/6/98 407-366-1732

CR2E037 (10/97)