

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90003 037 ****61.25

DOCUMENT # N96000000346

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~~

5 9 0 8 8 1 - 9 0 0 0 3 - 8 3 7



2. Principal Place of Business

21 **100 BUSH BLVD.**

2a. Mailing Address

26 **100 BUSH BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SPECIAL PROJECTS**

27 **SPECIAL PROJECTS**

City & State

City & State

23 **SANFORD FL**

28 **SANFORD FL**

Zip

Country

Zip

Country

24 **32773**

25 **US**

29 **32773**

30 **US**

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

59-3233178

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

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 **PETER ROBINSON**

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

100 BUSH BLVD.

83 **SPECIAL PROJECTS**

84 City **SANFORD**

85 Zip Code

FL AL 32773

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 617.0508, 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 ☐ DELETE
NAME **TD GREENWALD, MARTIN S**
STREET ADDRESS **P O BOX 3691 N/A**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE ☐ DELETE
NAME **SD WRIGHT, CLIFF**
STREET ADDRESS **334 SHADOW BAY BLVD N**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME **VPD WHEELER, DON**
STREET ADDRESS **1345 - 28 ST**
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ DELETE
NAME **DP ROBINSON, PETER**
STREET ADDRESS **1345 - 28TH ST**
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/99 407 665-6741

CR2E037 (5/99)

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