


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 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 # N96000000571 (7) 1. Corporation Name SPOUSES OF LAW ENFORCEMENT, INC.					
Principal Place of Business 1700 WEST LEONARD STREET PENSACOLA FL		Mailing Address 1700 WEST LEONARD STREET PENSACOLA FL			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 01/29/1996 3a. Date of Last Report 01/29/1996 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 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 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	
g. Name and Address of Current Registered Agent GRANT, CHARLES 1700 WEST LEONARD STREET PENSACOLA FL			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE NAME KUNERT, SARAH STREET ADDRESS 1407 E. LARUA ST CITY-ST-ZIP PENSACOLA FL 32501			1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME NIX, TINA 1.3 STREET ADDRESS 5916 ROBLE LOMA DR 1.4 CITY-ST-ZIP PENSACOLA, FL 32526		
TITLE D <input type="checkbox"/> DELETE NAME FRYER, LISA STREET ADDRESS 100 STATE STREET CITY-ST-ZIP PENSACOLA FL			2.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME LODGE, DARLENE 2.3 STREET ADDRESS 611 BOOTH AVE. 2.4 CITY-ST-ZIP PENSACOLA, FL 32533		
TITLE D <input checked="" type="checkbox"/> DELETE NAME O'HARA, TERESA STREET ADDRESS 1431 WOODFIELD DRIVE CITY-ST-ZIP CANTONMENT FL 32533			3.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME PEAVY, VICKI 3.3 STREET ADDRESS 10379 COVE AVE 3.4 CITY-ST-ZIP PENSACOLA, FL 32534		
TITLE D <input checked="" type="checkbox"/> DELETE NAME LOWMAN, SUE STREET ADDRESS 195 NEAL ROAD CITY-ST-ZIP CANTONMENT FL 32533			4.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME THOMAS, KATHY 4.3 STREET ADDRESS 418 MILESTONE BLVD. 4.4 CITY-ST-ZIP CANTONMENT, FL 32533		
TITLE D <input type="checkbox"/> DELETE NAME FISHER, JUDITH STREET ADDRESS 2299B-2 SCENIC HWY. CITY-ST-ZIP PENSACOLA FL 32503			5.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME THOMAS, KATHY 5.3 STREET ADDRESS 418 MILESTONE BLVD. 5.4 CITY-ST-ZIP CANTONMENT, FL 32533		
TITLE D <input checked="" type="checkbox"/> DELETE NAME COLLINS, ANGELA STREET ADDRESS 3417 BO PEG ROAD CITY-ST-ZIP CANTONMENT FL 32533			6.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME THOMAS, KATHY 6.3 STREET ADDRESS 418 MILESTONE BLVD. 6.4 CITY-ST-ZIP CANTONMENT, FL 32533		

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: *SIGNATURE REQUIRED* *8/12/97 904-436-9935*

CR2E037 (4/97)