

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000004616 (5)**

1. Corporation Name

**FRIENDS OF THE MOUNTED POLICE, INC.**

Principal Place of Business

Mailing Address

**201 FLAGLER DRIVE #2  
WEST PALM BEACH FL 33401**

**201 FLAGLER DRIVE #2  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**URBA, ALISHIA  
9886 LAKEPUR CIRCLE  
PALM BEACH GARDENS FL 33410**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **URBA, ALISHIA**  
STREET ADDRESS **9886 LAKEPUR CIRCLE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **DS** ☐ DELETE

NAME **WRIGHT, KAREN**  
STREET ADDRESS **7114 71ST WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **DT** ☐ DELETE

NAME **CORSON, ANNA**  
STREET ADDRESS **224 DATURA STREET #201**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **DV** ☐ DELETE

NAME **PARENTEAU, WALTER**  
STREET ADDRESS **6709 67TH WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ DELETE

NAME **BERRY, LOUIS**  
STREET ADDRESS **600 BANYAN BLVD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*[Signature]*

3/1/98 5618457050

CP2ED37 (1097)