

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 30 1998 8:00am
Secretary of State

DOCUMENT # N970Q0005771 (7)

1. Corporation Name

COMMUNITY POLICING ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

1803 GOLFVIEW AVE.
FT. MYERS FL 33901

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FT. MYERS FL 33901

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

65-0790575

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WOODHOUSE, PETE
1803 GOLFVIEW AVE.
FT. MYERS 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 617.0508, Florida Statutes.

SIGNATURE: PETE WOODHOUSE PRES.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/9/98
DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WOODHOUSE, PETE
STREET ADDRESS 1803 GOLFVIEW AVE.
CITY-ST-ZIP FT. MYERS FL 33901 ☐ DELETE

TITLE DV
NAME WARNER, RUSS
STREET ADDRESS 815 NICHOLAS PKY.
CITY-ST-ZIP CAPE CORAL FL 33990 ☒ DELETE

TITLE DST
NAME TITMUS, MICHAEL
STREET ADDRESS 2210 PECK ST.
CITY-ST-ZIP FT. MYERS FL 33901 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT (D) ☒ Change ☐ Addition
1.2 NAME PETE WOODHOUSE
1.3 STREET ADDRESS 1803 GOLFVIEW AVE
1.4 CITY-ST-ZIP FT. MYERS FL 33901

2.1 TITLE VICE PRESIDENT (D) ☒ Change ☒ Addition
2.2 NAME BILL ANDREW
2.3 STREET ADDRESS 25500 AIRPORT RD
2.4 CITY-ST-ZIP PUNTA GORDA FL 33950

3.1 TITLE TREASURER (D) ☒ Change ☐ Addition
3.2 NAME MICHAEL TITMUS
3.3 STREET ADDRESS 2210 PECK ST
3.4 CITY-ST-ZIP FT. MYERS FL 33901

4.1 TITLE SECRETARY (D) ☐ Change ☒ Addition
4.2 NAME JOSELYN CUTLIP
4.3 STREET ADDRESS 2210 PECK ST
4.4 CITY-ST-ZIP FT. MYERS FL 33901

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: PETE WOODHOUSE PRES. 7/9/98 (941) 278-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)