

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$64.25 (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

DOCUMENT # N97000006172 (7)

1. Corporation Name

TREASURE COAST MINORITY POLICE OFFICERS ASSOCIATION, INC.

Principal Place of Business

1800 BARCELONA AVENUE
FT. PIERCE FL 34950

Mailing Address

1800 BARCELONA AVENUE
FT. PIERCE FL 34950

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SANDIFER, ROBERT CHARLES
1800 BARCELONA AVENUE
FT. PIERCE FL 34950

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

TITLE PTD [] DELETE

NAME SANDIFER, ROBERT CHARLES

STREET ADDRESS 1800 BARCELONA AVENUE

CITY-STATE-ZIP FT. PIERCE FL 34950

TITLE VD [] DELETE

NAME LEE, JOSEPH

STREET ADDRESS 8369 SE EAGLE AVENUE

CITY-STATE-ZIP HOBE SOUND FL 33455

TITLE SD [] DELETE

NAME GLENN, CHERYL

STREET ADDRESS 920 S US 1

CITY-STATE-ZIP FT. PIERCE FL 34954

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-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: *Robert C. Sandifer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Oct 08 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

CR2E037 (5/98)