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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90088 045 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N98000000524

1. Corporation Name

SENIORS AND LAWENFORCEMENT TOGETHER, INC.

Principal Place of Business

1250 EGLIN PARKWAY
SHALIMAR FL 32579

Mailing Address

1250 EGLIN PARKWAY
SHALIMAR FL 32579



| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 01/27/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | Applied For | |
| City & State | | City & State | | <input checked="" type="checkbox"/> Not Applicable | |
| 23 | | 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACARTHUR, TODD R DR. | 1.2 NAME | Lewis, James E. |
| STREET ADDRESS | 12 WEDGEWOOD LANE | 1.3 STREET ADDRESS | 1018 37th Street |
| CITY-ST-ZIP | FT. WALTON BEACH FL 32547 | 1.4 CITY-ST-ZIP | Niceville, FL 32578 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TURPEN, JAMES R | 2.2 NAME | Cameron, Susie |
| STREET ADDRESS | 75 SUNRISE DR. | 2.3 STREET ADDRESS | 314 Echo Circle |
| CITY-ST-ZIP | SHALIMAR FL 32579 | 2.4 CITY-ST-ZIP | Ft. Walton Beach, FL 32548 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURPHY, DAVID M | 3.2 NAME | Stovall, Marianna |
| STREET ADDRESS | 816 OVERBROOK | 3.3 STREET ADDRESS | 311 Country Club Drive |
| CITY-ST-ZIP | FT. WALTON BEACH FL 32548 | 3.4 CITY-ST-ZIP | Shalimar, FL 32579 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Troiano, Gloria |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 887 Shalimar Court |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Shalimar, FL 32579 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | D/ALTERNATE-SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | GAYLENE DOHERTY |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 915 SHALIMAR ST. DR. |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | SHALIMAR, FL 32579 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: *Marianna Stovall* **MARIANNA STOVALL** 4-15-99. 850-651-7085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #