

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N9 8000004963**

1. Entity Name

FLORIDA POLICE OFFICERS ASSOCIATION, INC.

APPROVED
AND
FILED

02 APR 11 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1109 CARISSA DR
TALLAHASSEE, FL
NA 32308**

3. Mailing Address

**1109 CARISSA DR.
TALLAHASSEE, FL 32308
NA**

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

32308

Country

LEON

City & State

TALLAHASSEE, FL

32308

Country

LEON

4. FEI Number

59-3549888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM S. PEACOCK

Street Address (P.O. Box Numbers Not Acceptable)

1109 CARISSA DRIVE

City

TALLAHASSEE

FL

Zip Code

32308

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
PEACOCK, WILLIAM S
1109 CARISSA DR
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100005452241--1
-05/06/02--01025--009
*****70.00 *****70.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEACOCK, VALERIE L
1109 CARISSA DR
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP
**D
PEACOCK, VALERIE JO
1109 CARISSA DR.
TALLAHASSEE, FL 32308**

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NAME
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other officers empowered.

SIGNATURE:

William S. Peacock PSTD

4/11/2002 850-877-9735

CR2E037B (12/01)