

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006563

DOCUMENT # **N98000004963**

1. Entity Name  
**FLORIDA POLICE OFFICERS ASSOCIATION, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR 29 PM 2:10

Principal Place of Business  
**1109 CARISSA DR.  
TALLAHASSEE FL 32308**

Mailing Address  
**1109 CARISSA DR.  
TALLAHASSEE FL 32308**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **59-3549888**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PEACOCK, WILLIAM S  
1109 CARISSA DR.  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>PEACOCK, WILLIAM S</b>	
STREET ADDRESS	<b>1109 CARISSA DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEACOCK, VALERIE L</b>	
STREET ADDRESS	<b>1109 CARISSA DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEACOCK, VALERIE J</b>	
STREET ADDRESS	<b>1109 CARISSA DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

**700018458777**  
**05/07/03--01085--031**

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *William S. Peacock* **APRIL 29, 2003** 850/877-9735  
**WISPEAM/AS/PEACOCK-QUIRED** **APRIL 29, 2003** 850/877-9735

CR2E037 (10/02)