

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91602 009 ****70.00

DOCUMENT # N99000005134

1. Entity Name

THE PINELLAS PARK CITIZENS' POLICE ACADEMY ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1100
 PINELLAS PARK FL 33780-1100

P.O. BOX 1100
 PINELLAS PARK FL 33780-1100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3637559

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~REYNOLDS, THOMAS E ESQ.
 100 SECOND AVE. NORTH, STE. 300
 ST. PETERSBURG FL 33701~~

Name **BOB WAGGONER**

Street Address (P.O. Box Number is Not Acceptable)

7994 POWDERHORN CIR

City **LARGO**

FL

Zip Code **33773**

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]

BOB WAGGONER

4/17/02

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

(NOTE: Registered Agent signature required when reinstalling)

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **DELONG, WILLIAM R**
 STREET ADDRESS **6252 68 AVE. N.**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SUBATCH, ALEXANDER J**
 STREET ADDRESS **5440 LARCHMONT CT.**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **P** Change Addition
 NAME **SUBATCH, ALEXANDER J.**
 STREET ADDRESS **5440 LARCHMONT CT**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **T** Delete
 NAME **CANTRELL, SUSAN**
 STREET ADDRESS **P.O. BOX 3252**
 CITY-ST-ZIP **PINELLAS PARK FL 33780**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WAGGONER, BOB**
 STREET ADDRESS **7994 POWDERHORN CIR.**
 CITY-ST-ZIP **LARGO FL 33773**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **SUBATCH, WILFRED F**
 STREET ADDRESS **5440 LARCHMONT CT.**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **S** Change Addition
 NAME **SUBATCH, WINIFRED F**
 STREET ADDRESS **5440 LARCHMONT CT**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **D** Delete
 NAME **POTTER, ROBERT S**
 STREET ADDRESS **P.O. BOX 3252**
 CITY-ST-ZIP **PINELLAS PARK FL 33780**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 life empowered.

SIGNATURE:

[Signature] **Susan Cantrell**

04/17/02

727-735-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)