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

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PINELLAS PARK FL 33780-1100

P.O. BOX 1100

DOCUMENT # N99000005134

Country

6. Name and Address of Current Registered Agent

1. Entity Name

P.O. BOX 1100

Principal Place of Business

PINELLAS PARK FL 33780-1100

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

THE PINELLAS PARK CITIZENS' POLICE ACADEMY ALUMN I ASSOCIATION, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90291 005 ****61.25

10023446



WAGGONER, BOB -LARGO FL 33773

Street Address (P.O. Box Number is	Not Acceptable	1	
		140t Acceptable	,	
City			Eı	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.

(NOTE: Registered Agent signature required when reinstating)

Country

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

	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	Make Chec Florida Depa			
10.	OFFICERS AND DIRECTORS	<u></u>	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	L 10	ł
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUBATCH, ALEXANDER J 5440 LARCHMONT CT. PINELLAS PARK FL 33782	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAFGONER, BI 7990 Powder LAR90, FL	HURN CIR	Change	Addition	(00/04/200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANTRELL, SUSAN P.O. BOX 3252 PINELLAS PARK FL 33780	Delete	TITLE NAME STREET ADDRESS CITY=ST-ZIP	Substch, Winife 5440 LARCHMON Pinellas PARK,	red []	Change	☐ Addition	200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Waggoner, Bob 7994 Powderhorn CIR. Largo FL 33773	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAGGONER, BEVE 1994 Powder! LARGO, FL 3	erly (D)	Change	Addition	i I
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUBATCH, WINIFRED 5440 LARCHMONT CT. PINELLAS PARK FL 33782	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAUNDERS Heles 8703 BARDINO LARGO, PL	OR Blvd. 4106	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, ROBERT S P.O. BOX 3252 PINELLAS PARK FL 33780	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Subarch, Alexa 5440 LARCHMO Pinellas Park	ander. J. [VP] NT CT.	Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	

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 gifter like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Tomes F. Subatch 2/12/03 727-541-7337