

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90092 003 ****61.25

DOCUMENT # F02000002473			
1. Entity Name INTERNATIONAL CONFERENCE OF POLICE CHAPLAINS, INC.			
Principal Place of Business 305 MOUNTAIN DR., STE. E DESTIN FL 32541		Mailing Address P.O. BOX 5590 DESTIN FL 32540	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 86-0375673		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHARLES R. LORRAIN 305 MOUNTAIN DR., STE. E DESTIN FL 32541		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

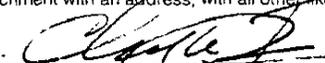
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	PRESIDENT:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOLTA, DAN			NAME	WALTER SCHOTT		
STREET ADDRESS	3107 43RD AVE. NE			STREET ADDRESS	1701-5TH AVE., NW, MANDAN, ND 58554		
CITY-ST-ZIP	TACOMA WA 98422			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VICE-PRESIDENT:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUNGLER, CRAIG			NAME	WESLEY McDUFFIE		
STREET ADDRESS	2654 LOVE DR.			STREET ADDRESS	4511 ST. ANDREWS DR., GRAND PRAIRIE, TX		
CITY-ST-ZIP	COLUMBUS OH 43221			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	SECRETARY:	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAUFFMAN, LISLE			NAME	RICKEY HARGRAVE		
STREET ADDRESS	430 E. LAKESHORE DR.			STREET ADDRESS	2318 ROCK HILL ROAD		
CITY-ST-ZIP	ROUNDLAKE PARK IL 60073			CITY-ST-ZIP	MCKINNEY, TX 75079		
TITLE	T	<input type="checkbox"/> Delete		TITLE	"SAME"	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORNELIUS, BOB			NAME			
STREET ADDRESS	842 PALM PARK CR.			STREET ADDRESS			
CITY-ST-ZIP	CASA GRANDE AZ 85222			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 like empowered.

SIGNATURE:  **DR. CHARLES R. LORRAIN, Ex. Dir 3-19-04 (350)654-9736**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #