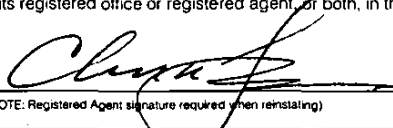
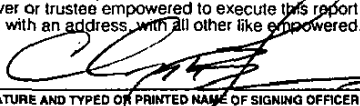


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90066 043 ****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 116 B- BENNING DRIVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State DESTIN, FL		City & State 		4. FEI Number 86-0375673	
Zip 32541		Country OKALOOSA		5. Certificate of Status Desired ☐ \$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 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: CHARLES R. LORRAIN Signature, typed or printed name of registered agent and title if applicable.				 APRIL 6, 2005 DATE	
Filing Fee Is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, WALTER 1701 5TH AVE. NW MANDAN, ND 58554	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDUFFIE, WESLEY 4511 ST. ANDREWS DR. GRAND PRAIRIE, TX	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARGRAVE, RICKEY 2318 ROCK HILL RD. MC KINNEY, TX 75070	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORNELIUS, BOB 842 PALM PARK CR. CASA GRANDE, AZ 85222	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete			
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:		 CHARLES R. LORRAIN			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date APRIL 6, 2005 Daytime Phone # (850) 654-9736			