2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# F02000002473

Entity Name: INTERNATIONAL CONFERENCE OF POLICE CHAPLAINS, INC.

Current Principal Place of Business:

116 B- BENNING DRIVE
DESTIN, FL 32541

New Principal Place of Business:

116 BENNING DRIVE
SUITE B
DESTIN, FL 32541

Current Mailing Address:

P.O. BOX 5590
DESTIN, FL 32540

New Mailing Address:

FEI Number: 86-0375673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARLES R. LORRAIN
229 TALQUIN COVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCDUFFIE, WESLEY
Address: 4511 ST. ANDREWS DRIVE
City-St-Zip: GRAND PRAIRIE, TX 75052 US

Title: PDL ( ) Delete
Name: THOMAS, CYNDEE
Address: 1140 KIRKWOOD CIRCLE
City-St-Zip: REDDING, CA 96003 US

Title: S ( ) Delete
Name: HARGRAVE, RICKEY
Address: 2318 ROCK HILL RD.
City-St-Zip: MC KINNEY, TX 75070 US

Title: T ( ) Delete
Name: FIERS, JOHN R
Address: 8632 MARIESI DR
City-St-Zip: INDIANAPOLIS, IN 46278 US

Title: P-EL ( ) Delete
Name: MCDUFFIE, WESLEY
Address: 4511 ST. ANDREWS DRIVE
City-St-Zip: GRAND PRAIRIE, TX 75052 US

Title: VP (X) Delete
Name: KEOKI, AWAI
Address: 205 N. KALAHEO AVE.
City-St-Zip: KAILUA, HI 96734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P-EL (X) Change ( ) Addition
Name: THOMAS, CYNDEE
Address: 1140 KIRKWOOD CIRCLE
City-St-Zip: REDDING, CA 96003 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: KEOKI, AWAI
Address: 205 N. KALAHEO AVE
City-St-Zip: KAILUA, HI 96734

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WES MCDUFFIE P 02/09/2009

Electronic Signature of Signing Officer or Director — Date