
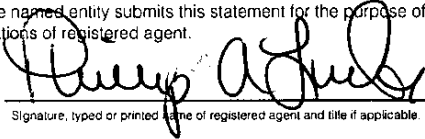



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90049 049 ****61.25

DOCUMENT # 706318 1. Entity Name BREVARD COUNTY ASSOCIATION OF CHIEFS OF POLICE, INC.					
Principal Place of Business P.O. BOX 560388 ROCKLEDGE, FL 32956-7388			Mailing Address P.O. BOX 560388 ROCKLEDGE, FL 32956-7388		
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 NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOLLINGER, TONY 1100 JOHN GLEN BLVD TITUSVILLE, FL 32780				Name LUDOS, PHILLIP	
				Street Address (P.O. Box Number is Not Acceptable) 1226 West King Street	
				City Cocoa FL 32922	
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 				Phillip Ludos	
Signature, typed or printed name of registered agent and title if applicable				DATE 01/25/06	
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, TROY		NAME	Williams, Melvin	
STREET ADDRESS	220 5TH AVE		STREET ADDRESS	1100 John Glen Blvd.	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	Titusville, FL 32780	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLINGER, TONY		NAME	Ludos, Phillip	
STREET ADDRESS	1100 JOHN GLENN BLVD.		STREET ADDRESS	1226 W. King Street	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Cocoa, FL 32922	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDIG, JAMES C		NAME	Carey, Donald	
STREET ADDRESS	1350 SOUTH HICKORY ST.		STREET ADDRESS	650 N. Apollo Blvd.	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDOS, PHIL		NAME	Sullivan, Robert	
STREET ADDRESS	1226 WEST KING ST.		STREET ADDRESS	40 Cheyenne, Court	
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
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 exemptions contained 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 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: 			Robert Sullivan		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 01/25/06		
			Daytime Phone # 321-773-3030		