

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90122 035 ****61.25

DOCUMENT # 712789

1. Entity Name

**NATIONAL ASSOCIATION OF CHIEFS OF POLICE,
INC.**



Principal Place of Business

**6350 HORIZON DR
TITUSVILLE FL 32780**

Mailing Address

**6350 HORIZON DR
TITUSVILLE FL 32780**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1164090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VAN BRODE, D. B.
6350 HORIZON DR
TITUSVILLE FL 32780~~

Name **DEBRA K. CHITWOOD**

Street Address (P.O. Box Number is Not Acceptable)
6350 HORIZON DRIVE

City **TITUSVILLE**

FL Zip Code
32780

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

Debra K. Chitwood

4.6.05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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 **D** ☒ Delete
NAME **VAN BRODE, D B IV**
STREET ADDRESS **6350 HORIZON DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Delete
NAME **SHEPHERD, DONNA**
STREET ADDRESS **6350 HORIZON DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **D** ☐ Delete
NAME **CHITWOOD, DEBRA**
STREET ADDRESS **6350 HORIZON DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **P** ☐ Delete
NAME **GEORGE H VUILLEUMIER JR**
STREET ADDRESS **6350 HORIZON DR**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Debra K. Chitwood

4.6.05

321-264-0911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #