

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712789

FILED
Apr 03, 2009
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF CHIEFS OF POLICE, INC.

Current Principal Place of Business:

6350 HORIZON DR
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

6350 HORIZON DR
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-1164090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHITWOOD, DEBRA K
6350 HORIZON DR
TITUSVILLE, FL 32780 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: D () Delete
Name: SHEPHERD, DONNA
Address: 6350 HORIZON DR
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: CHITWOOD, DEBRA
Address: 6350 HORIZON DR
City-St-Zip: TITUSVILLE, FL 32780

Title: P () Delete
Name: RINCHICH, JACK
Address: 6350 HORIZON DRIVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DEBRA CHITWOOD

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date