2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20 U	03 NC NIFOR	T-FOR-PR	FILED Jan 09, 2003 8:00 am								
DOCUMENT # 712789 1. Entity Name							Secretary of State 01-09-2003 90099 036 ****61.25				
NATIONA	AL ASSOCI	ATION OF CHIEFS	OF PO	OLICE, INC.				2003 70093		71.23	
Principal Place of Business 3801 BISCAYNE BLVD MIAMI FL 33137			Mailing Address 3801 BISCAYNE BLVD MIAMI FL 33137				60003254				
2. Principal	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Sta	ate	 -	City & State				4. FEI Number 59-1164090 Applied For				
Zip		Country	Z	lip	Cou	untry	5. Certificate of Sta	tus Desired	\$8.75 Ac		
	6. Name	and Address of Current	Register	red Agent			7. Name and Addr	ess of New Registere			$\{$
						Name					1
VANBRODE, D. B. 3801 BISCAYNE BLVD						Street Address	ss (P.O. Box Number is Not Acceptable)				
Miami fi	L 33137						-				
						City		F	Zip Cod	le	1
8. The above	e named entity	submits this statement for	r the pur	pose of changing its	egistere	ed office or regist	ered agent, or both, in th	ne State of Florida. ar	m familiar with,	and accept	1
Line obliga	tions of regist	ered agent.									
SIGNATURE			1.00 17			<u> </u>					
	Signature, typed	or printed name of registered agent	and title if ap	pplicable. (NOTE:	Registere	d Agent signature require	ed when reinstating)	DATE			
FILE NOW: FEE IS \$61.25				9. Election Campaign Fir Trust Fund Contribution			\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of		(
10. OFFICERS AND DIRECTORS 1							ADDITIONS/CHANGES	S TO OFFICERS AND D	DIRECTORS IN	I 10	
TITLE	1,,,,, ================================			☐ Delete				** 1	☐ Change	Addition	(05)
NAME STREET ADDRESS					NAME	4					(10/
STREET ADDRESS 3801 BISCAYNE BLVD CITY-ST-ZIP MIAM! FL						ET ADDRESS ST-ZIP					037
TITLE	D	 		☐ Delete	TITLE				☐ Change	☐ Addition	CR2E037 (10
NAME	SHEPHERE				NAME						ਠ
STREET ADDRESS CITY-ST-ZIP		AYNE BLVD				ET ADDRESS					
TITLE -	MIAMI FL				1-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
NAME	CHITWOOD). Debra		☐ Delete	TITLE				Change	Addition	
STREET ADDRESS	3801 BISC					T ADDRESS					
CITY-ST-ZIP	MIAMI FL 3	3137				ST-ZIP					
TITLE	P OFÓDOE U			☐ Delete	TITLE				☐ Change	Addition	
NAME		VUILLEUMIER JR			NAME	I			•		
STREET ADDRESS CITY-ST-ZIP	3801 BISC/ MIAMI FL	TIME DEAD				T ADDRESS ST-ZIP					
TITLE			-	☐ Delete	₽						
NAME .				LI Delete	TITLE	l l			Change	Addition	

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition