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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 JAN 27 PM 4:14

DOCUMENT # 732670 (5)

1. Corporation Name
VOLUSIA COUNTY POLICE CHIEFS ASSOCIATION, INCORP ORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~440 S BEACH ST~~ ~~DAYTONA BEACH FL 32114~~ ~~US~~	~~440 S BEACH ST~~ ~~DAYTONA BEACH FL 32114~~ ~~US~~

3. Date Incorporated or Qualified: 05/06/1975
3a. Date of Last Report: 03/24/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 170 W. Granada Blvd.	26 170 W. Granada Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ormond Beach, FL.	City & State 28 Ormond Beach, Fl
Zip 24 32174 Country 25 USA	Zip 29 32174 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIRVAN, JOHN D 440 S BEACH ST DAYTONA BCH FL 32114	81 Name: ROBERT L. STEWART 82 Street Address (P.O. Box Number is Not Acceptable): 170 W. Granada Blvd. 83 84 City: Ormond Beach, 85 FL Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 1-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LOCKE, ARTHUR C	1.2 NAME	Crow, Paul B.	
STREET ADDRESS	225 N HOLLY AVE	1.3 STREET ADDRESS	990 Orange Avenue	
CITY-ST-ZIP	ORANGE CITY FL	1.4 CITY-ST-ZIP	Daytona Beach, Fl 32115	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CROW, PAUL B	2.2 NAME	KIRVAN, JOHN D.	
STREET ADDRESS	990 ORANGE AVE	2.3 STREET ADDRESS	440 S. BEACH ST.	
CITY-ST-ZIP	DAYTONA BCH FL	2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	KIRVAN, JOHN D	3.2 NAME	STEWART, ROBERT L.	
STREET ADDRESS	440 S BEACH ST	3.3 STREET ADDRESS	170 W. GRANADA BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ROBERT L. STEWART 1-19-95 (904) 676-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000367