

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732670** (5)
1. Corporation Name
VOLUSIA COUNTY POLICE CHIEFS ASSOCIATION, INCORPORATED



Principal Place of Business 440 SOUTH BEACH ST DAYTONA BCH FL 32114 US	Mailing Address 440 SOUTH BEACH ST DAYTONA BEACH FL 32114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 PORT ORANGE POLICE DEPT. Suite, Apt. #, etc. 22 1395 DUNLAWTON AVENUE City & State 23 PORT ORANGE, FL Zip 24 32119 Country 25 VOLUSIA		2a. Mailing Address 26 PORT ORANGE POLICE DEPT. Suite, Apt. #, etc. 27 1395 DUNLAWTON AVENUE City & State 28 PORT ORANGE, FL Zip 29 32119 Country 30 VOLUSIA		3. Date Incorporated or Qualified 05/06/1975		3a. Date of Last Report 02/16/1996	
				4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCBRIDE, HOWARD S
440 SOUTH BEACH ST
DAYTONA FL 32114**

81 Name ROBERT E. FORD
82 Street Address (P.O. Box Number is Not Acceptable) 1395 DUNLAWTON AVENUE
83
84 City PORT ORANGE
85 Zip Code FL 32119

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Robert E. Ford*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4 Sept 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEWART, ROBERT L.		1.2 NAME WHITE, GARY	
STREET ADDRESS 170 W GRANADA BLVD		1.3 STREET ADDRESS POST OFFICE BOX 4960	
CITY-ST-ZIP ORMON BEACH FL		1.4 CITY-ST-ZIP SOUTH DAYTONA, FL 32121	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLEMING, DENVER H.		2.2 NAME SMALL, KENNETH	
STREET ADDRESS 1400 N DIXIE FREEWAY		2.3 STREET ADDRESS 990 ORANGE AVENUE	
CITY-ST-ZIP NEW SMYRNA BCH FL		2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32114	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCBRIDE, HOWARD S.		3.2 NAME FORD, ROBERT E.	
STREET ADDRESS 440 S BEACH ST		3.3 STREET ADDRESS 1395 DUNLAWTON AVENUE	
CITY-ST-ZIP DAYTONA BCH FL		3.4 CITY-ST-ZIP PORT ORANGE, FL 32119	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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 E. FORD*

SIGNATURE REQUIRED

4 Sept 97 904-756-5308

CR2E037 (4/97)