FILED FILE NOW: FILING FEE IS \$61.25 May 06 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)732670 VOLUSIA COUNTY POLICE CHIEFS ASSOCIATION, INCORP ORATED Principal Place of Business Mailing Address PORT ORANGE POLICE DEPT PORT ORANGE POLICE DEPT 3. Date Incorporated or Qualified 1395 DUNLAWTON AVE 1395 DUNLAWTON AVE 05/06/1975 PT ORANGE FL 32119 PT ORANGE FL 32119 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional п 5. Certificate of Status Desired 21 Volusia Co. Beach Patrol Volusia Co. Beach Patrol Fee Required Suite, Apt. #. etc. 440 South Beach Street Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 440 South Beach Street Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? Yes No Yes Daytona Beach, Daytona Beach, FL FL Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 32114 25 US 32114 30 US ☐ Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Sweat, Kevin C FORD, ROBERT E Street Address (P.Q. Box Number is Not Acceptable) 440 South Beach Street 1395 DUNLAWTON AVE PT ORANGE FL 32119 Daytona Beach 32112 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 Kevinc SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PD TITLE DELETE 1.5 TITLE Change Addition WHITE, GARY Grim, Bob NAME 1.2 NAME P O BOX 4960 700 Catalina Drive STREET ADDRESS 1.3 STREET ADDRESS SOUTH DAYTONA FL Daytona Beach, FL 32114 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE SMALL, KENNETH NAME 2.2 NAME Walker, Larry 990 ORANGE AVE STREET ADDRESS 2.3 STREET ADDRESS 1065 Ridgawood Avenue DAYTONA BCH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Holly Hill. FL 32117 DELETE Change Addition 3.1 TITLE TITLE FORD, ROBERT E Sweat, Kevin C 440 South Beach Street NAME 32 NAME 1395 DUNLAWTON AVE 3.3 STREET ADDRESS STREET ADDRESS PT ORANGE FL Daytona Beach, FL 32114 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CATY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE

14. Thereby 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 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. I further certify that the Information indicated on this 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. 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. I further certify that the Information indicated on this annual report or supplemental annual report is true.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

NAME

STREET ADDRESS