## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# **DOCUMENT # 732670**

1. Corporation Name

### **VOLUSIA COUNTY POLICE CHIEFS ASSOCIATION, INCORP ORATED**

Principal Place of Business 440 S BEACH ST DAYTONA BCH FL 32114 US

2. Principal Place of Business

Mailing Address

440 S BEACH ST DAYTONA BCH FL 32114

2a. Mailing Address

# **FILED** Feb 27, 1999 8:00 am secretary of State

02-27-1999 90085 027 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

ıı  Volus:	ia Co. Beach Patrol	26 Volusia Co. I	Beach 1	<u>Patrol</u>	05/00/1975				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4 FEI Number Applied For			lied For	
440 So	uth Beach Street	27 440 South Beach Street			NOT APPLICABLE Not Ap			Applicable	
City & State	6	City & State			5. Certificate of Status Desired		\$8.75 Additional		
Dayton	a Beach, FL	28 Daytona Beach, FL			Certificate of Gratus Desired		Fee Required		
Zip	Country	Zip	Country		6. Election Campaign Financing S5.00 May B			May Be	
32114	25 USA	29 32114	USA		Trust Fund Contribution		Added to	Fees	
- 1	9. Name and Address of Current F				10. Name and Address of New F	Registered A	Agent		
			81	Name				i	
CIMEAT P	· C		82	SAME Street Addre	see (P.O. Boy Number is Not Accents	able)	····		
SWEAT, K C 440 S BEACH ST			02	82 Street Address (P.O. Box Number is Not Acceptable)					
			83						
DATIONA	BCH FL 32114					···	<del></del>		
			84	City		FL	85 Zip C	ode	
11 D	to the provisions of Sections 617.0502	and 617 1508 Florida Statutor	the show	a-named como	ration submits this statement for the	purpose of	changing its r	eaistered	
office or r	egistered agent, or both, in the State of	Florida. Such change was aut	horized by	tne corporation	n's board of directors. I hereby accep	ot the appoin	ntment as reg	istered	
agent. I a	m familiar with, and accept the obligatio	ns of, Section 617.0503, Florid	da Statutes						
SIGNATURE									
	Signature, typed or printed name of registered agent a			it signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTOR	2S IN 12	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICENS AIN	Change	Addition	
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	GRIM, BOB		1.2 NAME						
STREET ADDRESS.	700 CATALINA DR		1.3 STREET	ADDRESS					
CITY-ST-ZIP	DAYTONA BCH FL 32114		1.4 CITY-S	T-ZIP					
TITLE	VD	☐ DELETE	2.1 TITLE				☐ Change	Addition	
NAME	WALKER, L		2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS		•	•		
CITY-ST-ZIP	HOLLY HILL FL 32117		2.4 CITY-S	1					
TITLE	STD	☐ DELETE	3.1 TITLE				Charigo		
			3.2 NAME						
NAME	SWEAT, K C		3.3 STREET	T ADDRESS					
	440 S BEACH ST		1						
CITY-ST-ZIP	DAYTONA BCH FL 32114	DELETE	3.4. CITY-S	11-211			Change	Addition	
TITLE		□ néfeje	4.1 TITLE				ب ماسر عال		
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET	TADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			<u></u>		
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME	1					
STREET ADDRESS			5.3 STREE?	ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAMÉ						
			6.3 STREET	TADDRESS					
STREET ADDRESS			6.4 CITY-S						
CITY-ST-ZIP	portify that the information symplind with	this filing does not qualify for	_ E		action 119 07(3)(i) Florida Statutes	I further cer	tify that the in	formation	

indicated on this annual report or supplied with mis ming uses not quality for the exemption stated in Section 139.07(3)(i), Florida Statutes. I further certify that the informati indicated on this annual report for suppliemental 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, with all other like empowered.