

DOCUMENT # 732670

1. Entity Name  
VOLUSIA COUNTY POLICE CHIEFS ASSOCIATION, INCORP

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90033 013 \*\*\*\*70.00

Principal Place of Business  
PONCE INLET POLICE DPT  
4680 S. PENINSULA DR  
DAYTONA BEACH FL 32127  
US

Mailing Address  
PONCE INLET POLICE DPT  
4680 S. PENINSULA DR  
DAYTONA BEACH FL 32127  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
PONCE INLET POLICE DEPT.  
Suite, Apt. #, etc.  
4680 S. PENINSULA DR.  
City & State  
PONCE INLET FL  
Zip  
32127  
Country  
US

3. Mailing Address  
PONCE INLET POLICE DEPT.  
Suite, Apt. #, etc.  
4680 S. PENINSULA DR.  
City & State  
PONCE INLET FL  
Zip  
32127  
Country  
US

4. FEI Number  
NOT APPLICABLE  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
X  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SWEAT, K C  
440 S BEACH ST  
DAYTONA BCH FL 32114

7. Name and Address of New Registered Agent  
Name  
THOMAS, S.R.  
Street Address (P.O. Box Number is Not Acceptable)  
4680 S. PENINSULA DR.  
City  
PONCE INLET FL  
Zip Code  
32127

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
SIGNATURE  
S.R. THOMAS  
(SECRETARY, TREASURER, DIRECTOR)  
JANUARY 3, 2001  
Date

FILE NOW:  
FEE IS \$61.25  
9. Election Campaign Financing  
Trust Fund Contribution.  
\$5.00 May Be Added to Fees  
Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIM, BOB 700 CATALINA DR DAYTONA BCH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMBINSKY, S 3050 S. ATLANTIC AVENUE DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMAS, STEVE 4680 S. PENINSULA DRIVE DAYTONA BEACH FL 32127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: SIGNATURE REQUIRED (STEVEN R. THOMAS)  
Date: 1/3/01  
Daytime Phone #: 904-322-6700