


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90019 033 ****70.00

DOCUMENT # 732670	
1. Entity Name VOLUSIA COUNTY POLICE CHIEFS ASSOCIATION, INCORPORATED	

Principal Place of Business PORT ORANGE POLICE DEPT 1395 DUNLAWTON AVE PORT ORANGE, FL 32129 US	Mailing Address PORT ORANGE POLICE DEPT 1395 DUNLAWTON AVE PORT ORANGE, FL 32129 US
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40001068



2. Principal Place of Business New Smyrna Beach Police Dept	3. Mailing Address New Smyrna Beach Police Dept
Suite, Apt. #, etc. 1400 N Dixie Frwy	Suite, Apt. #, etc. 1400 N Dixie Frwy

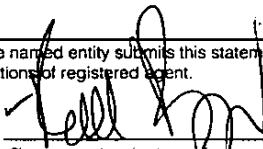
01102005 Chg-NP CR2E037 (10/03)

City & State New Smyrna Beach, FL	City & State New Smyrna Beach, FL
Zip 32168	Country US

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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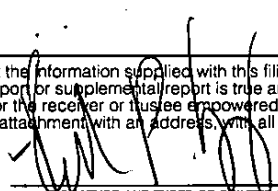
6. Name and Address of Current Registered Agent MONAHAN, GERALD M JR 1395 DUNLAWTON AVE PORT ORANGE, FL 32129	
7. Name and Address of New Registered Agent Name Pagano, Ronald P. Street Address (P.O. Box Number is Not Acceptable) 1400 N Dixie Frwy City New Smyrna Beach FL Zip Code 32168	

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Ronald P. Pagano (NOTE: Registered Agent signature required when reinstating)
	DATE 1/11/05

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMBINSKY, S 3050 S ATLANTIC AVE DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, STEVE 4680 S PENINSULA DRIVE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONAHAN, GERALD M JR 1395 DUNLAWTON AVE PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Ronald Pagano 1400 N Dixie Frwy New Smyrna Beach, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: 	Ronald P. Pagano SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
	DATE 1/11/05 (386)424-2234 Daytime Phone #