


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90020 034 ****70.00

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

Principal Place of Business NEW SMYRNA BEACH POLICE DEPT 1400 N DIXIE FRWY NEW SMYRNA BEACH, FL 32168 US	Mailing Address NEW SMYRNA BEACH POLICE DEPT 1400 N DIXIE FRWY NEW SMYRNA BEACH, FL 32168 US
--	--

50003717




2. Principal Place of Business DeLand Police Dept. Suite, Apt. #, etc. 219 W. Howry Avenue City & State DeLand, FL Zip 32720 Country US	3. Mailing Address DeLand Police Dept. Suite, Apt. #, etc. 219 W. Howry Avenue City & State DeLand, FL Zip 32720 Country US
---	---

03152006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PAGANO, RONALD P 1400 N DIXIE FRWY NEW SMYRNA BEACH, FL 32168		7. Name and Address of New Registered Agent Name Overman, Edward J. Street Address (P.O. Box Number is Not Acceptable) 219 W. Howry Avenue City DeLand, FL 32720 Zip Code FL 32720

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  **Edward J. Overman** 3/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAGANO, RONALD 1400 N DIXIE FRWY NEW SMYRNA BEACH, FL 32168 <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	PD THOMAS, STEVE 4680 S PENINSULA DRIVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Monahan, Gerald M. Jr. 1395 Dunlawton Avenue Port Orange, FL 32129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONAHAN, GERALD M JR 1395 DUNLAWTON AVE PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pagano, Ronald 1400 Dixie Frwy New Smyrna Beach, FL 32168 <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 Edward J. Overman 219 W. Howry Avenue DeLand, FL 32720 <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 exemptions contained in Chapter 119, 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  **Edward J. Overman** 3/15/06 386-740-6910
Signature and typed or printed name of signing officer or director Date Daytime Phone #