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FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758804 (9)
1. Corporation Name
THE POLK COUNTY POLICE CHIEFS ASSOCIATION, INC.



Principal Place of Business 2 NORTH LAKE REEDY BLVD. FROSTPROOF FL 33843	Mailing Address 2 NORTH LAKE REEDY BLVD. FROSTPROOF FL 33843
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3. Date Incorporated or Qualified 06/17/1981
4. FEI Number 59-2969479
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Same as Above	2a. Mailing Address 26 Same as Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent BYRD, CHIEF J. NEAL 2 NORTH LAKE REEDY BLVD. FROSTPROOF FL 33843	10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD WHEELER, TOM 502 E. HINSON AVENUE HAINES CITY FL 33845	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
VD SULLIVAN, J.R. 75 7TH STREET N. EAGLE LAKE FL 33839	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
STD BYRD, J. NEAL 2 NORTH LAKE REEDY BLVD. FROSTPROOF FL 33843	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
D ROBINSON, H. B. POST OFFICE BOX 125 N/A DAVENPORT FL 33837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
D SPARKS, TONY 450 N. BROADWAY AVENUE BARTOW FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
D FREEMAN, ED POST OFFICE BOX 126 N/A LAKE HAMILTON FL 33851	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD Baca, Sam V. 219 Massachusetts Ave. Lakeland, FL 33801
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD Wheeler, Tom 502 E. Hinson Ave. Haines City, FL 33845
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition STD Byrd, J. Neal 2 North Lake Reedy Blvd. Frostproof, FL 33843
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Robinson, H.B. P. O. Box 125 (N/A) Davenport, FL 33837
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Freeman, Edward P. O. Box 126 (N/A) Lake Hamilton, FL 33851
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Sullivan, J. R. 75 Seventh St. North Eagle Lake, FL 33839

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-4-98 61-125-7412

CR2E037 (10/97)