NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 758804

THE POLK COUNTY POLICE CHIEFS ASSOCIATION, INC.

Principal Place of Business 2 NORTH LAKE REEDY BLVD. FROSTPROOF FL 33843

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2 NORTH LAKE REEDY BLVD. FROSTPROOF FL 33843

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90029 023 ****61.25



3. Date Incorporated or Qualifed

21		26			06/17/1981			
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.				4. FEI Number	Apr	lied For	
22		27			59-2969479	Not	Applicable	
	City & State City & State				5. Certificate of Status Desired	\$8.75 A Fee Red		
Zip	Country Zip				6. Election Campaign Financing Trust Fund Contribution	•	\$5.00 May Be Added to Fees	
24	9. Name and Address of Current		<u>-</u>		10. Name and Address of New Registere	d Agent	 	
	or Halle alla Ada. 033 of Calloni	TO BIOLOGIC TO BOTTO	81	Name				
BYRD, CHIEF J. NEAL 2 NORTH LAKE REEDY BLVD.				82 Street Address (P.O. Box Number is Not Acceptable) 83				
FROSTPROOF FL 33843				l				
			84	City	F			
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	of Florida. Such change was auth	norized by	tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its cointment as rec	registered jistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rr	egistered Ager	it signature requi	ired when reinstating) DATE			
12.	OFFICERS AND		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	P	D	XX Change	Addition	
NAME	BACA, SAM V	i	1.2 NAME	W	heeler, Tom			
STREET ADDRESS	219 MASSACHUSETTS AVE		1.3 STREE	I .	02 E. Hinson Ave.			
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CITY-S	1 -	aines City, Fl 33845	_		
TITLE	VD	☐ DELETE	2.1 TITLE	I .	D	Change	Addition	
NAME	WHEELER, TOM		2.2 NAME	1.	omine, C. David	121		
STREET ADDRESS			2.3 STREE		51 Third Street, Northwes	٠		
CITY-ST-ZIP	HAINES CITY FL 33845		2. 4 CITY-5	1.	inter Haven, Fl 33881			
TITLE	STD	☐ DELETE	3.1 TITLE		TD	Change	Addition	
NAME	BYRD, J. NEAL		3.2 NAME	B	yrd, J. Neal			
STREET ADDRESS	A MORELLI ME OCCOM OND		3.3 STREE	I .	North Lake Reedy Blvd.			
CITY-ST-ZIP	FROSTPROOF FL 33843		3.4. CITY-5		rostproof, F1. 33843			
TITLE	D	☐ DELETE	4.1 TITLE	D		☐ Change	Addition	
NAME	ROBINSON, H. B.		4, 2 NAME	R	obinson, H. B.			
STREET ADDRESS	DOOR OFFICE BOY 405 MIL		4.3 STREE		. 0. Box 125 (N/A)			
CITY-ST-ZIP	DAVENPORT FL 33837			1-	avenport, Fl. 33837			
TITLE	D	☐ DELETE	5.1 TITLE	D		XXChange	Addition Addition	
NAME	SPARKS, TONY		5.2 NAME	H	olland, Roy E.			
STREET ADDRESS	400 M 500 40 MM 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.3 STREE	TADORESS P	. O. Box 1000			
C/TY-ST-ZIP	BARTOW FL 33830		5.4 CITY-S	T-ZIP D	undee, Fl			
TITLE	D	☐ DELETE	6.1 TITLE	D		Change	Addition	
NAME	SULLIVAN, J R		6.2 NAME	В	aca, Sam V.			
STREET ADDRESS	AD AT 11		6.3 STREE		19 Massachusetts Ave.			
CITY ST 7/0	EAGLE LAKE EL 33830		6.4 CITY-S		akaland F1 33801			

14. 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 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, with all other like empowered.

SIGNATURE:

CR2E037 (11/98)

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