

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90026 030 ****61.25

DOCUMENT # 758804

1. Entity Name

THE POLK COUNTY POLICE CHIEFS ASSOCIATION,
INC.



Principal Place of Business

75 N. 7TH ST
EAGLE LAKE FL 33839

Mailing Address

P.O. BOX 129
EAGLE LAKE FL 33839

2. Principal Place of Business

101 EAST CANAL STR

3. Mailing Address

P.O. Box 36

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MULBERRY FL

City & State

MULBERRY FL

Zip

33860

Country

USA

Zip

33860

Country

USA

6. Name and Address of Current Registered Agent

SULLIVAN, J R
75 N 7TH ST
P.O. BOX 129
EAGLE LAKE FL 33839

7. Name and Address of New Registered Agent

Name **ALAN P. GRAHAM**
Street Address (P.O. Box Number is Not Acceptable)
101 EAST CANAL STREET
P.O. BOX 707
City **MULBERRY** FL Zip Code **33860**

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 *Alan P. Graham* **ALAN P. GRAHAM, SECRETARY-TREASURER** 02/04/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DIAMOND, CLIFFORD | |
| STREET ADDRESS | 219 MASSACHUSETTS AVE. | |
| CITY-ST-ZIP | LAKELAND FL 33801 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | KIRKLAND, DARRELL | |
| STREET ADDRESS | 551 THIRD ST. NORTHWEST | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SULLIVAN, J R | |
| STREET ADDRESS | 75 N. 7TH ST | |
| CITY-ST-ZIP | EAGLE LAKE FL 33839 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HEATHCOTE, I W | |
| STREET ADDRESS | 15 NW 1ST ST | |
| CITY-ST-ZIP | FORT MEADE FL 33841 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SANDVIK, ERIK | |
| STREET ADDRESS | 450 N. BROADWAY AVE. | |
| CITY-ST-ZIP | BARTOW FL 33830 | |
| TITLE | DD | <input type="checkbox"/> Delete |
| NAME | BYRD, NEAL | |
| STREET ADDRESS | 2 NORTH LAKE REEDY BLVD. | |
| CITY-ST-ZIP | FROSTPROOF FL 33843 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROGER BOATNER | |
| STREET ADDRESS | 219 NO. MASSACHUSETTS AVE | |
| CITY-ST-ZIP | LAKELAND, FL 33801 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DARRELL KIRKLAND | |
| STREET ADDRESS | 125 NO. SILVER LAKE DRIVE, N.W. | |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | J.R. SULLIVAN | |
| STREET ADDRESS | 75 NO. 7TH STREET | |
| CITY-ST-ZIP | EAGLE LAKE FL 33839 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MORRIS WEST | |
| STREET ADDRESS | 35400 HWY 27 NORTH | |
| CITY-ST-ZIP | HAINES CITY, FL 33844 | |
| TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALAN P. GRAHAM | |
| STREET ADDRESS | P.O. BOX 36 | |
| CITY-ST-ZIP | MULBERRY, FL 33860 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARK LEVINE | |
| STREET ADDRESS | 133 EAST TILMAN AVE | |
| CITY-ST-ZIP | LAKE WALES, FL 33853 | |

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: *Alan P. Graham* **ALAN P. GRAHAM, SECY-TREAS** 02/04/2004 425-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #