


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90127 001 ****61.25

DOCUMENT # 758804		
1. Entity Name THE POLK COUNTY POLICE CHIEFS ASSOCIATION, INC.		

Principal Place of Business 104 SOUTH CHURCH AVENUE C/O MULBERRY POLICE DEPT MULBERRY, FL 33860 US	Mailing Address P.O. BOX 36 MULBERRY, FL 33860 US
---	---



2. Principal Place of Business 314 E. Cypress St. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1257 Suite, Apt. #, etc.
---	--

02152006 Chg-NP CR2E037 (11/05)

City & State Davenport, FL	City & State Davenport, FL	4. FEI Number 59-2969479	Applied For <input type="checkbox"/> Not Applicable
Zip 33837	Country USA	Zip 33836	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

GRAHAM, ALAN P
101 EAST CANAL STREET
P.O. BOX 707
MULBERRY, FL 33860

Name ROBINSON, H. B. III
Street Address (P.O. Box Number is Not Acceptable)
314 E. Cypress St.
PO Box 1257
City Davenport FL Zip Code 33836

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 A/B Robinson H.B. ROBINSON III 2-24-6
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOATNER, ROGER 219 NO MASSACHUSETTS AVE. LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEATHCOTE, I.W. 15 NW 1ST STREET FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANOVIC, ERIK 450 N. BROADWAY AVE BARTOW, FL 33830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEST, MORRIS 35400 HWY 27 NORTH HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BODENHEIMER, WILLIAM A 190 N SEMINOLE AVENUE LAKE ALFRED, FL 33850	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, EDWARD PO BOX 126 LAKE HAMILTON, FL 33851	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cavallaro, Lawrence 104 S. Church Ave. Mulberry, FL 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBINSON, H. B. III 314 E. Cypress St., PO Box 1257 Davenport, FL 33836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANDVIK Sandvik	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clements, Charles PO Box 125 Davenport, FL 33836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD →	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ NO change	<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: William A. Bodenheimer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-06 863-291-5200
Date Daytime Phone #

William A. Bodenheimer