2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90096 007 ****61.25

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

40047394

Principal Place of Business	Mailing Address
314 E CYPRESS ST DAVENPORT, FL 33837 US	P.O. BOX 1257 DAVENPORT, FL 33836 US

02262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2969479 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBINSON, H.B. III 314 E CYPRESS ST POB 1257 DAVENPORT, FL 33836	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	VD CAVALLARO, LAWRENCE 104 S CHURCH AVE MULBERRY, FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Cavallaro, Lawrence 104 South Church Avenue Mulberry, Florida 33860	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROBINSON, H. B. III 314 E CYPRESS ST, POB 1257 DAVENPORT, FL 33836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Woods, Michael S. 15 First Street NW Eagle Lake, Florida 33841	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDVIK, ERIK 450 N. BROADWAY AVE BARTOW, FL 33830	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Guess, William 202 East Main Street, POB 1000 Dundee, Florida 33838	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMENTS, CHARLES POB 125 DAVENPORT, FL 33836	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D West, Morris 35000 US Hwy 27 Haines City, Florida 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BODENHEIMER, WILLIAM A 190 N SEMINOLE AVENUE LAKE ALFRED, FL 33850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bodenheimer, William A. 190 North Seminole Avenue Lake Afred, Florida 33850	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, EDWARD PO BOX 126 LAKE HAMILTON, FL 33851	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sullivan, J. R. 75 North 7th Street Eagle Lake, Florida 33839	☐ Change ☒ 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: H. B. Robinson III March 1, 2007 863-421-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H. B. Robinson III, Secretary/Treasurer/Director