

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:21

DOCUMENT # 761761 (6)

1. Corporation Name
DADE COUNTY ASSOCIATION OF CHIEFS' OF POLICE, INC.

Principal Place of Business Mailing Address
9293 HARDING AVE 9293 HARDING AVE
SURFSIDE FL 33154 SURFSIDE FL 33154
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1982 3a. Date of Last Report 03/11/1994
4. FEI Number 59-2335562 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 2801 Salzedo Street 26 2801 Salzedo Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Coral Gables, FL 28 Coral Gables, FL
Zip Country Zip Country
24 33134 25 USA 29 33134 30 USA

5. Certificate of Status Desired \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FALK (GLENN P.)
113 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	ROSS, CALVIN
STREET ADDRESS	4 S KROME AVE
CITY- ST- ZIP	HOMESTEAD FL
TITLE	TD
NAME	WILLIAMSON, TERRILL
STREET ADDRESS	9293 HARDING AVE
CITY- ST- ZIP	SURFSIDE FL
TITLE	PD
NAME	IVY, CURTIS
STREET ADDRESS	4 S KROME AVE
CITY- ST- ZIP	HOMESTEAD FL
TITLE	VD
NAME	KIEL, PATRICK
STREET ADDRESS	901 SW 62 AVE
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	Secretary-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth Each	
1.3 STREET ADDRESS	13130 N.E. 8th Avenue	
1.4 CITY- ST- ZIP	North Miami, FL 33161	
2.1 TITLE	Treasurer-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James H. Butler	
2.3 STREET ADDRESS	2801 Salzedo Street	
2.4 CITY- ST- ZIP	Coral Gables, FL 33134	
3.1 TITLE	President-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patrick Kiel	
3.3 STREET ADDRESS	901 S.W. 62nd Avenue	
3.4 CITY- ST- ZIP	Miami, FL 33144	
4.1 TITLE	Vice President-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Terrill Williamson	
4.3 STREET ADDRESS	9293 Harding Avenue	
4.4 CITY- ST- ZIP	Surfside, FL 33154	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

James H. Butler
JAMES H. BUTLER, Treasurer

1-26-95 305/460-5418