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**FILED**

**Mar 06 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 761761 (6)**

1. Corporation Name

**DADE COUNTY ASSOCIATION OF CHIEFS' OF POLICE, IN C.**



Principal Place of Business

Mailing Address

**400 NW 2ND AVENUE  
MIAMI FL 33128  
US**

**400 NW 2ND AVENUE  
MIAMI FL 33128-1706  
US**

3. Date Incorporated or Qualified  
**02/05/1982**

3a. Date of Last Report  
**02/05/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

**59-2335562**

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**  DELETE  
NAME **EACH, KENNETH**  
STREET ADDRESS **13130 NE 8TH AVE**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **PD**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **SD**  DELETE  
NAME **BUTLER, JAMES H.**  
STREET ADDRESS **2801 SALZEDO ST**  
CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE **VO**  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **PD**  DELETE  
NAME **WILLIAMSON, TERRILL**  
STREET ADDRESS **9293 HARDING AVENUE**  
CITY-ST-ZIP **SURFSIDE FL**

3.1 TITLE **TO**  Change  Addition  
3.2 NAME **JACK Kippenberger**  
3.3 STREET ADDRESS **400 NW 2nd Ave**  
3.4 CITY-ST-ZIP **MIAMI, FL**

TITLE **TD**  DELETE  
NAME **WARSHAW, DONALD H**  
STREET ADDRESS **400 NW 2ND AVENUE**  
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **SD**  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 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 in an attachment with an address.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/26/97 (305) 575-5211**

Date

Daytime Phone # 0028612

CR2E037 (9/96)