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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761761

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 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

4. FEI Number: 59-2335562 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	1.1 TITLE	Treasurer D	☐ Change ☒ Addition
NAME	KIPPENBERGER, JACK		1.2 NAME	Thomas Hood	
STREET ADDRESS	8375 NW 53 ST		1.3 STREET ADDRESS	700 NE 124 Street	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	North Miami, FL	
TITLE	TD	☐ DELETE	2.1 TITLE	Vice President D	☒ Change ☐ Addition
NAME	ALVAREZ, CARLOS		2.2 NAME	Alvarez, Carlos	
STREET ADDRESS	9105 NW 25ST		2.3 STREET ADDRESS	9105 NW 25 ST	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL	
TITLE	S	☐ DELETE	3.1 TITLE	President D	☒ Change ☐ Addition
NAME	BARRETO, RICHARD		3.2 NAME	Barreto, Richard	
STREET ADDRESS	1100 WASHINGTON AVE		3.3 STREET ADDRESS	1100 Washington Ave	
CITY-ST-ZIP	MIAMI BCH FL		3.4 CITY-ST-ZIP	Miami Bch. FL	
TITLE	P	☒ DELETE	4.1 TITLE	Secretary D	☐ Change ☒ Addition
NAME	WARSHAW, DONALD H		4.2 NAME	Leonard Matarese	
STREET ADDRESS	400 NW 2ND AVENUE		4.3 STREET ADDRESS	9080 Bay Drive	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Indian Creek, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Thomas Hood 1/15/99 305 891-0294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas Hood, Treasurer Director