

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764650

1. Corporation Name

West Central Florida Regional Police Chiefs
Association

Principal Place of Business

Mailing Address

201 East Main Street
Tavares, FL 32778

201 East Main Street
Tavares, FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/23/82

3a. Date of Last Report

4/27/94

4. FEI Number

59-2605223

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 201 E MAIN ST

26 201 E MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAVARES FL

28 TAVARES FL

Zip

Country

Zip

Country

24 32778

25 USA

29 32778

30 USA

5. Certificate of Status Desired

☐

\$8.75 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. 189.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Norbert F. Thomas
201 East Main Street
Tavares, FL 32778

81 Name

NORBERT F THOMAS

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

201 EAST MAIN ST

83

84 City

TAVARES

FL

85 Zip Code

32778

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

Norbert F. Thomas

(NOTE: Registered Agent signature required when reappointing)

4/24/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S/T
NAME	Norbert F. Thomas
STREET ADDRESS	201 East Main Street
CITY - ST - ZIP	Tavares, FL 32778
TITLE	V/P
NAME	Charles Idell
STREET ADDRESS	115 East Magnolia Street
CITY - ST - ZIP	Leesburg, FL 34748
TITLE	D
NAME	Robert Templin
STREET ADDRESS	51 East Norton Avenue
CITY - ST - ZIP	Eustis, FL 32726
TITLE	D
NAME	Emory Putman
STREET ADDRESS	1300 North Donnelly Street
CITY - ST - ZIP	Mt. Dora, FL 32757
TITLE	P
NAME	Mark Isom
STREET ADDRESS	506 West Berckman Avenue
CITY - ST - ZIP	Fruitland Park, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

200001526752

06/29/95-0102-026

*****61.25 *****61.25

REMITTED BY MAY 1

CH

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)(b), 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:

Norbert F. Thomas

4/24/95

904 742 6419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #