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Jan 27 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 # 764650 (8)

1. Corporation Name

WEST CENTRAL FLORIDA REGIONAL POLICE CHIEFS ASSO
CIATION, INC.

Principal Place of Business

201 E. MAIN ST.
TAVARES FL 32778

Mailing Address

201 E. MAIN ST.
TAVARES FL 32778-3807



3. Date Incorporated or Qualified
08/23/1982

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-2605223

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

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

THOMAS, NORBERT F
201 E. MAIN ST.
TAUARES FL 32778

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

TITLE	ST	☐ DELETE
NAME	THOMAS, NORBERT F.	
STREET ADDRESS	201 EAST MAIN STREET	
CITY - ST - ZIP	TAVARES FL	
TITLE	VP	☐ DELETE
NAME	IDELL, CHARLES	
STREET ADDRESS	115 E. MANGNOLIA STREET	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	☐ DELETE
NAME	TEMPLIN, ROBERT (CHIEF)	
STREET ADDRESS	51 EAST NORTON AVENUE	
CITY - ST - ZIP	EUSTIS FL	
TITLE	D	☐ DELETE
NAME	WITT, WILLIAM G	
STREET ADDRESS	401 N. APOPKA AVE	
CITY - ST - ZIP	INVERNESS FL	
TITLE	P	☐ DELETE
NAME	ISOM, MARK	
STREET ADDRESS	506 W. BECKMAN	
CITY - ST - ZIP	FRUITLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	☐ Change ☐ Addition
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	

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norbert F. Thomas 1/8/97 3527426200

Date

Daytime Phone # 0014840

CR2E037 (9/96)