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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **764650**

1. Corporation Name
WEST CENTRAL FLORIDA REGIONAL POLICE CHIEFS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
201 E. MAIN ST. TAVARES FL 32778	201 E. MAIN ST. TAVARES FL 32778

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 08/23/1982

4. FEI Number: 59-2605223 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City TAVARES FL 85 Zip Code 32778

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 Norbert F Thomas 2/22/99
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	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, NORBERT F.		1.2 NAME		
STREET ADDRESS	201 EAST MAIN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	IDELL, CHARLES		2.2 NAME		
STREET ADDRESS	115 E. MANGNOLIA STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TEMPLIN, ROBERT (CHIEF)		3.2 NAME		
STREET ADDRESS	51 EAST NORTON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		3.4. CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	VITT, WILLIAM G		4. 2 NAME	RAYMOND F. KAMINISKAS	
STREET ADDRESS	401 N. APOPKA AVE		4.3 STREET ADDRESS	123 N. W. HIGHWAY 19	
CITY-ST-ZIP	INVERNESS FL		4.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ISOM, MARK		5.2 NAME		
STREET ADDRESS	506 W. BECKMAN		5.3 STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND FL		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: Norbert F Thomas SIGNATURE REQUIRED Norbert F Thomas 2/22/99 352 742 6419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #