2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 764650

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

Principal Place of Business	Mailing Address
423 FENNELL BLVD. LADY LAKE, FL 32159	423 FENNELL BLVD. LADY LAKE, FL 32159

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04072004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

NATHANSON, ED
423 FENNELL BLVD
LADY LAKE, FL 32159

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCOGGINS, RANDALL T
STREET ADDRESS	1300 DONNELLY ST
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	VPD
NAME	IDELL, CHARLES
STREET ADDRESS	115 E. MANGNOLIA STREET
CITY-ST-ZIP	LEESBURG, FL
TITLE	STD
NAME	NATHANSON, ED
STREET ADDRESS	423 FENNELL BLVD
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	DD
NAME	ISOM, MARK
STREET ADDRESS	506 W. BERCKMAN STREET
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/04-80108-010 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04-07-04 352-751-1560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #