2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 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
51 EAST NORTON AVE EUSTIS, FL 32727-0068	PO DRAWER 68 EUSTIS, FL 32727-0068

06112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

COBB, FRED A.M.
51 EAST NORTON AVE
EUSTIS, FL 32727-0068

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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 _____ 06-11-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALLEN, STEVEN
STREET ADDRESS	529 EAST MYERS BLVD
CITY-ST-ZIP	MASCOTTE, FL
TITLE	VPD
NAME	ISOM, MARK
STREET ADDRESS	506 WEST BERCKMAN ST
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	STD
NAME	COBB, FRED A.M.
STREET ADDRESS	51 EAST NORTON AVE
CITY-ST-ZIP	EUSTIS, FL 327270068
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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06/14/07-80003-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 06-11-07 352-308-6486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #