

**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.	
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Principal Place of Business 51 EAST NORTON AVE EUSTIS, FL 32727-0068	Mailing Address PO DRAWER 68 EUSTIS, FL 32727-0068
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DO NOT WRITE IN THIS SPACE



06112007 No Chg-NP CR2E037 (4/06)

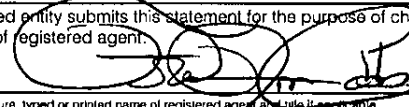
4. FEI Number 59-2605223	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 **06-11-07**

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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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06/14/07-80003-010 70.00

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** **352-308-6786**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #