2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008
Secretary of State

DOCUMENT# 764650

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

Current Principal Place of Business:

51 EAST NORTON AVE
EUSTIS, FL 327270068

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 68
EUSTIS, FL 327270068

New Mailing Address:

FEI Number: 59-2605223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COBB, FRED A.M.
51 EAST NORTON AVE
EUSTIS, FL 327270068 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALLEN, STEVEN
Address: 529 EAST MYERS BLVD
City-St-Zip: MASCOTTE, FL

Title: VPD ( ) Delete
Name: ISOM, MARK
Address: 506 WEST BERCKMAN ST
City-St-Zip: FRUITLAND PARK, FL 34731

Title: STD ( ) Delete
Name: COBB, FRED A.M.
Address: 51 EAST NORTON AVE
City-St-Zip: EUSTIS, FL 327270068

Title: DD ( ) Delete
Name: ISOM, MARK
Address: 506 W. BERCKMAN STREET
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED A. M. COBB STD 07/03/2008
Electronic Signature of Signing Officer or Director — Date