FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769827 (7)

1. Corporation Name

FLORIDA POLICE CHIEFS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2300 CENTERVILLE RD. P O BOX 14039 TALLAHASSEE FL 32317-1039	2300 CENTERVILLE RD. P O BOX 14039 TALLAHASSEE FL 32317-1039

3. Date Incorporated or Qualified: 07/06/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6137290 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REBLE, PAUL C.
355 COODLETTE RD N
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Wagner, Kenneth R.
82 Street Address (P.O. Box Number is Not Acceptable): 100 SW 4th Street
83
84 City: Hallandale FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kenneth R Wagner 2/20/95
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	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MARTIN, RONALD S.	1.2 NAME	Reble, Paul C.	
STREET ADDRESS	551 THIRD ST NW	1.3 STREET ADDRESS	603 Broadcourt South	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	PD	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	REBLE, PAUL C.	2.2 NAME	Wagner, Kenneth R.	
STREET ADDRESS	355 GOODLETTE RD N	2.3 STREET ADDRESS	100 SW 4th Street	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	VD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	WAGNER, KENNETH R.	3.2 NAME	Milchan, David C.	
STREET ADDRESS	100 SW 4TH ST	3.3 STREET ADDRESS	7700 5th St. N.	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	Pinellas Park, FL 34665	
TITLE	VD	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	MILCHAN, DAVID C.	4.2 NAME	Berger, William B.	
STREET ADDRESS	7700 59TH ST N	4.3 STREET ADDRESS	17050 NE 19th Avenue	
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	N Miami Beach, FL 33162	
TITLE	VD	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BERGER, WILLIAM B.	5.2 NAME	Thompson, David E.	
STREET ADDRESS	17050 NE 19TH AVE	5.3 STREET ADDRESS	850 Seminole Road	
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	TD	6.1 TITLE	T/D	☒ Change ☐ Addition
NAME	SURRENCY, TROY	6.2 NAME	McPherson, James B.	
STREET ADDRESS	611 S. COLLINS ST.	6.3 STREET ADDRESS	P O Box 20899 N/A	
CITY-ST-ZIP	PLANT CITY FL 33566	6.4 CITY-ST-ZIP	Tallahassee, FL 32316	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Kenneth R Wagner Kenneth R. Wagner 2/20/95 904-385-9046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000767