

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90236 035 ***61.25

DOCUMENT # 769827

1. Entity Name
FLORIDA POLICE CHIEFS ASSOCIATION, INC.



Principal Place of Business
**924 N GADSDEN ST
TALLAHASSEE, FL 32303 US**

Mailing Address
**P.O. BOX 14038
TALLAHASSEE, FL 32317-4038**

14011066



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6137290

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBINS, HAROLD M. JR. *MERCER, Amy*
**924 N GADSDEN ST
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

Amy Mercer - Interim Executive Director
SIGNATURE *Amy Mercer* DATE **4/22/04**

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **ARICO, ROY**
STREET ADDRESS **2801 CORAL SPRINGS DR**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **EXD** ☒ Delete
NAME **ROBBINS, HAROLD JR**
STREET ADDRESS **9245 N GADSDEN STREET**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **VD** ☒ Delete
NAME **COTE, LIONEL A**
STREET ADDRESS **510 CINNAMON DRIVE**
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **TD** ☒ Delete
NAME **ISOM, JAMES SR**
STREET ADDRESS **506 W BERCKMAN ST**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **1st VP** ☐ Change ☒ Addition
NAME **Romine, Jay**
STREET ADDRESS **5801 Marina Dr**
CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE **Director** ☐ Change ☒ Addition
NAME **I.W. "Midge" Heathcote**
STREET ADDRESS **15 N.W. First Street**
CITY-ST-ZIP **Fort Meade, FL 33841**

TITLE **Interim Exec. Dir** ☐ Change ☒ Addition
NAME **Amy Mercer**
STREET ADDRESS **924 N. Gadsden Street**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Amy Mercer* **Amy Mercer** **4/22/04** **850-219-3631**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #