2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769827

FILED Apr 29, 2005 Secretary of State

Entity Name: FLORIDA POLICE CHIEFS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 924 N GADSDEN ST TALLAHASSEE, FL 32303 US **Current Mailing Address: New Mailing Address:** P.O. BOX 14038 TALLAHASSEE, FL 323174038 FEI Number: 59-6137290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MERCER, AMY 924 N GADSDEN ST TALLAHASSEE, FL 32303 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: 1VP () Delete (X) Change () Addition ROWINE, JAY ROMINE, JAY Name: Name: 5801 MARINA DR Address: 5801 MARINA DR Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: HOLMES BEACH, FL 34217 Title: () Delete Title: () Change () Addition HEATHCOTE, I.W. Name: Name: Address: 15 N.W. FIRST STREET Address: City-St-Zip: FORT MEADE, FL 33841 City-St-Zip: Title: IED () Delete Title: ED (X) Change () Addition MERCER, AMY MERCER, AMY Name: Name: Address: 924 N. GADSDEN STREET Address: 924 N. GADSDEN STREET City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303 () Delete Title: Title: 1VP () Change (X) Addition Name: Name: VELONG, ANTHONY Address: Address: 11250 N. 56TH STREET City-St-Zip: City-St-Zip: TEMPLE TERRACE, FL 33617 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMY MERCER ED 04/29/2005