

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000002473

1. Entity Name
**INTERNATIONAL CONFERENCE OF POLICE
CHAPLAINS, INC.**



Principal Place of Business
**116 B- BENNING DRIVE
DESTIN, FL 32541**

Mailing Address
**P.O. BOX 5590
DESTIN, FL 32540**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0375673

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHARLES R. LORRAIN
229 TALQUIN COVE
DESTIN, FL 32541**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 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	P HUNGLER, CRAIG 2654 LOVE DRIVE COLUMBUS, OH 43221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V THOMAS, CYNDEE 1140 KIRKWOOD CIRCLE REDDING, CA 96003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARGRAVE, RICKEY 2318 ROCK HILL RD. MC KINNEY, TX 75070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FIERS, JOHN R 8632 MARIESI DR INDIANAPOLIS, IN 46278
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P-EL MCDUFFIE, WESLEY 4511 ST. ANDREWS DRIVE GRAND PRAIRIE, TX 75052
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07 (850) 654-9736

Date

Daytime Phone #