

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003375

1. Entity Name
**THE NORTH EAST FLORIDA CHAPTER OF CONCERNS
OF POLICE SURVIVORS, INC.**



Principal Place of Business

**5530 BEACH BLVD.
JACKSONVILLE, FL 32207**

Mailing Address

**5530 BEACH BLVD.
JACKSONVILLE, FL 32207**



02052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3526441

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHINHOLSER, CHARLES
8827 MARLEE RD.
JACKSONVILLE, FL 32222**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | VD |
| NAME | GRIFFIS, CLIFTON |
| STREET ADDRESS | RT. 3, BOX 1604 |
| CITY-ST-ZIP | STARKE, FL 320919369 |
| TITLE | D |
| NAME | SHINHOLSER, CHARLES R |
| STREET ADDRESS | 8827 MARLEE RD. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32222 |
| TITLE | PD |
| NAME | LAMPE, JANIS B |
| STREET ADDRESS | 10548 FT. GEORGE RD. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32226 |
| TITLE | SD |
| NAME | FLORENCE, MARY C |
| STREET ADDRESS | 2368 COVINGTON CREEK CIR EAST |
| CITY-ST-ZIP | JACKSONVILLE, FL 32224 |
| TITLE | TD |
| NAME | COTCHALEOVITCH, ROBIN |
| STREET ADDRESS | 767 WAKEMONT DRIVE |
| CITY-ST-ZIP | ORANGE PARK, FL 32065 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

1100000230533
02/15/05-80047-006 61.25

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IN THIS SPACE**

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: *Robin S. Cotchalevitch* *Robin S Cotchalevitch* 2-13-05 904-268-8300 x202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #