

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 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**



01072006 No Chg-NP

CR2E037 (11/05)

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, 2006**

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	

U00000382757
01/12/06-80026-003 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 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:

Robin S. Cotchaleovitch **Robin S. Cotchaleovitch**

1-7-06

904-291-9113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #