FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -6 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06532 (8)

1. Corporation Name
THE STATE LAW ENFORCEMENT CHIEFS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
P O BOX 13852 TALLAHASSEE FL 32317	P O BOX 13852 TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1984
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2535125 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CHAPMAN, JUDSON
A-436, NEIL KIRKMAN BUILDING
2900 APALACHEE PARKWAY
TALLAHASSEE FL 32399-7550

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President (P/D)	☒ Change ☐ Addition
NAME	HARRIS, JOHN J	1.2 NAME	McHargue, M. Michael	
STREET ADDRESS	725 S BRONOUGH ST.	1.3 STREET ADDRESS	2331 Phillips Road	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	VP	2.1 TITLE	1st Vice President (VP/D)	☒ Change ☐ Addition
NAME	MCHARGUE, MCIHAEL	2.2 NAME	Dodson, Gregg	
STREET ADDRESS	PHILLIPS ROAD	2.3 STREET ADDRESS	Neil Kirkman Building B457	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	VP	3.1 TITLE	2nd Vice President (VP/D)	☒ Change ☐ Addition
NAME	DODSON, GREGG	3.2 NAME	Grimming, Ronald H.	
STREET ADDRESS	NEIL KIRKMAN BUILDING B457	3.3 STREET ADDRESS	Neil Kirkman Building A437	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	VP	4.1 TITLE	3rd Vice President (VP/D)	☒ Change ☐ Addition
NAME	EARP, CURTIS	4.2 NAME	Watson, H.M. "Mickey"	
STREET ADDRESS	3900 COMMONWEALTH BLVD. MAIL ST. 600	4.3 STREET ADDRESS	3900 Commonwealth Boulevard	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32399	
TITLE	ST	5.1 TITLE	Secretary/Treasurer (S/T)	☒ Change ☐ Addition
NAME	WATTS, B. A	5.2 NAME	Williams, Edward B.	
STREET ADDRESS	725 S. BRONOUGH ST.	5.3 STREET ADDRESS	2331 Phillips Road	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ February 7, 1995 (904) 488-1497
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #
M. MICHAEL MCHARGUE

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