FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **12/07/1984**	3a. Date of Last Report: **03/06/1995**
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 617.0502 and 617.1508, 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 617.0503, 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	ST	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WILLIAMS, EDWARD B.		1.2 NAME	DODSON, GREGG	
STREET ADDRESS	2331 PHILLIPS RD		1.3 STREET ADDRESS	2900 APALACHEE PARKWAY, RM# B457	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	PD	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	MCHARGUE, MCIHAEL		2.2 NAME	GRIMMING, RONALD H.	
STREET ADDRESS	2331 PHILLIPS RD		2.3 STREET ADDRESS	2900 APALACHEE PARKWAY, RM# A438	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	VPD	☒ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	DODSON, GREGG		3.2 NAME	KERNS, TIMOTHY D.	
STREET ADDRESS	NEIL KIRKMAN BUILDING B457		3.3 STREET ADDRESS	POST OFFICE BOX 20899	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	VPD	☐ DELETE	4.1 TITLE	SAME	☐ Change ☐ Addition
NAME	WATSON, H.M. "MICKEY"		4.2 NAME		
STREET ADDRESS	3900 COMMONWEALTH BLVD. MAIL ST. 600		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	5.1 TITLE	ST	☒ Change ☐ Addition
NAME	WATTS, B. A		5.2 NAME	DICKSON, BILLY	
STREET ADDRESS	725 S. BRONOUGH ST.		5.3 STREET ADDRESS	2900 APALACHEE PARKWAY, RM# B457	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Billy Dickson Billy Dickson 4-8-96 (904)488-5155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #