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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 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 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	PD	☒ DELETE	1.1 TITLE	Vice President-D	☐ Change ☒ Addition
NAME	GRIMMING, RONALD H		1.2 NAME	Boyd, Richard	
STREET ADDRESS	2900 APALACHEE PARKWAY, RM# A438		1.3 STREET ADDRESS	725 S. Bronough, Rm. #123	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32399-1018	
TITLE	VPD	☐ DELETE	2.1 TITLE	President-D	☒ Change ☐ Addition
NAME	WATSON, H.M. "MICKEY"		2.2 NAME		
STREET ADDRESS	3900 COMMONWEALTH BLVD. MAIL ST. 600		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE	Vice President-D	☐ Change ☒ Addition
NAME	KERNS, TIMOTHY D		3.2 NAME	Hopkins, David "Randy"	
STREET ADDRESS	400 S. MONROE, 213 THE CAPITOL		3.3 STREET ADDRESS	620 S. Meridian St.	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, FL 32399-1600	
TITLE	ST	☒ DELETE	4.1 TITLE	Vice President-D	☐ Change ☒ Addition
NAME	DICKSON, BILLY		4.2 NAME	Desch, Ronald P.	
STREET ADDRESS	2900 APALACHEE PKWY RM B457		4.3 STREET ADDRESS	1815 Thomasville Rd.	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE		☐ DELETE	5.1 TITLE	Secretary/Treasurer-T	☐ Change ☒ Addition
NAME			5.2 NAME	Miller, Eric W.	
STREET ADDRESS			5.3 STREET ADDRESS	3900 Commonwealth Blvd., MS 605	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tallahassee, FL 32399-3000	
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 (10/97)

14. 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 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: _____ 1/9/98 850-488-5600 X.132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0008747