SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $250.00).

FILED
Aug 19 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06532

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

01/19/99 90004 015 61.25

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/07/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2535125 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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: HOPKINS, D. RANDY
82 Street Address (P.O. Box Number is Not Acceptable): 620 S. MERIDIAN ST.
83
84 City: TALLAHASSEE FL 85 Zip Code: 32399-1600

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: D. Randy Hopkins, President DATE: 7/2/99
Signature, type 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	VPD	☑ DELETE	1.1 TITLE	VPD	☐ Change ☑ Addition
NAME	BOYD, RICHARD		1.2 NAME	WILLIAMSON, DENNIS	
STREET ADDRESS	725 S BRONOUGH ST, RM #123		1.3 STREET ADDRESS	P.O. BOX 1489 - 2331 PHILLIPS RD	
CITY-ST-ZIP	TALLAHASSEE FL 32399-1018		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32302	
TITLE	PD	☑ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	WATSON, H.M. "MICKEY"		2.2 NAME	HOPKINS, D. RANDY	
STREET ADDRESS	3900 COMMONWEALTH BLVD. MAIL ST. 600		2.3 STREET ADDRESS	620 S. MERIDIAN ST.	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	TALLA., FL 32399-1600	
TITLE	VPD	☐ DELETE	3.1 TITLE	VPD	☐ Change ☐ Addition
NAME	HOPKINS, DAVID R		3.2 NAME	HALL, CHARLES C.	
STREET ADDRESS	620 S MERIDIAN ST		3.3 STREET ADDRESS	NEIL KIRKMAN BLDG, ROOM A-440	
CITY-ST-ZIP	TALLAHASSEE FL 32399-1600		3.4 CITY-ST-ZIP	TALLA., FL 32399-0500	
TITLE	VPD	☑ DELETE	4.1 TITLE	VPD	☐ Change ☑ Addition
NAME	DESCH, RONALD P		4.2 NAME	MEEK, TERRY	
STREET ADDRESS	1815 THOMASVILLE RD		4.3 STREET ADDRESS	ROOM 213, THE CAPITOL	
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-ST-ZIP	TALLA., FL 32316	
TITLE	STT	☑ DELETE	5.1 TITLE	STT	☐ Change ☑ Addition
NAME	MILLER, ERIC W		5.2 NAME	WIWI, MICHAEL P.	
STREET ADDRESS	3900 COMMONWEALTH BLVD, MS 605		5.3 STREET ADDRESS	620 S. MERIDIAN ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32399-3000		5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32399-1600	
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		

8/4/19

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED D. Randy Hopkins 7/2/99 850-488-6252
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ANNUAL REPORT — Date — Daytime Phone #

CR2E037 (5/99)

7/24