2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90017 004 ****61.25

DOCUMENT # N06532

1. Entity Name
THE STATE LAW ENFORCEMENT CHIEFS ASSOCIATION, INC.

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

04092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3659797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAPMAN, JUDSON NEIL KIRKMAN BLVD. A-432 2900 APALACHEE PKWY TALLAHASSEE, FL 32399	Name: Hartman, Tracey Street Address (P.O. Box Number is Not Acceptable): 3900 Commonwealth Blvd City: Tallahassee FL Zip Code: 32399

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: Tracey S. Hartman 4-9-04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TRAMEL, THOMAS III 3900 COMMONWEALTH BLVD. TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Tramel, Thomas III 3900 Commonwealth Blvd. Tallahassee, FL 32399	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOUNTAIN, GRAHAM 1815 THOMASVILLE ROAD TALLAHASSEE, FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Austin, Larry L 2900 APALACHEE PKWY Tallahassee, FL 32399	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AUSTIN, LARRY L. 2900 APALACHEE RKWY TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Smith, Alphonso J 1490 N. Monroe St. Tallahassee, FL 32399	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, ALPHONSO J 1490 N MONROE ST. TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Eric Miller 200 E. Gaines St. Tallahassee, FL 32399	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BINDER, DAVID B 1815 THOMASVILLE RD TALLAHASSEE, FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Ross, Lucia 3900 Commonwealth Blvd Tallahassee, FL 32399	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Lucia Ross Lucia Ross 4/9/04 245-2862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #