

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06532

FILED
Mar 17, 2011
Secretary of State

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

Current Principal Place of Business:

3917 COMMONWEALTH BOULEVARD
ROOM 205
TALLAHASSEE, FL 32399

New Principal Place of Business:

Current Mailing Address:

P O BOX 13852
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3659797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, LINDA B
3917 COMMONWEALTH BOULEVARD
ANNEX ROOM 210
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CAVE, RON L
Address: POST OFFICE BOX 13852
City-St-Zip: TALLAHASSEE, FL 32317

Title: VD
Name: SMITH, LEROY
Address: POST OFFICE BOX 13852
City-St-Zip: TALLAHASSEE, FL 32317

Title: VD
Name: DEES, DAVIS
Address: POST OFFICE BOX 13852
City-St-Zip: TALLAHASSEE, FL 32317

Title: VD
Name: HARTMAN, JANET
Address: POST OFFICE BOX 13852
City-St-Zip: TALLAHASSEE, FL 32317

Title: STD
Name: DAVIS, LINDA B
Address: POST OFFICE BOX 13852
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA B. DAVIS

STD

03/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date