

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90285 041 ****70.00

DOCUMENT # N10453



1. Entity Name
SOUTHWEST FLORIDA POLICE CHIEFS ASSOCIATION, INC.

Principal Place of Business
**PO BOX 1209
FT. MYERS, FL 33902-1209**

Mailing Address
**PO BOX 1209
FT. MYERS, FL 33902-1209**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2570439

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

**CHAPPELLE, MATTHEW A
2210 PECK ST
FT MYERS, FL 33901**

Name
GLENN JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
2210 PECK ST

City **FORT MYERS** FL Zip Code **33901**

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

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, 2007**

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

TITLE PD ☒ Delete
NAME ALEXANDER, DANIEL
STREET ADDRESS 815 NICOLAS PKWY.
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE VD ☐ Delete
NAME PASTULA, ROBERT
STREET ADDRESS 2301 FIRST ST
CITY-ST-ZIP FT MYERS, FL 33901

TITLE STD ☒ Delete
NAME CHAPPELLE, MATTHEW A
STREET ADDRESS 11000 TERMINAL ACCESS RD.
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PO ☒ Change ☐ Addition
NAME PETROVICH, ROB
STREET ADDRESS 815 NICOLAS PKWY
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition
NAME ~~GLENN~~ GLENN JOHNSON
STREET ADDRESS 2210 PECK ST
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Glenn Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/07 2393326386