

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90041 034 ****70.00

DOCUMENT # N24392 1. Entity Name TREASURE COAST CHIEFS OF POLICE AND SHERIFFS ASSOCIATION INC.					
Principal Place of Business 920 S US #1 C/O SEAN BALDWIN FORT PIERCE, FL 34950			Mailing Address 920 S US #1 C/O SEAN BALDWIN FORT PIERCE, FL 34950		
2. Principal Place of Business 4700 West Midway Road Suite, Apt. #, etc.			3. Mailing Address 4700 West Midway Road Suite, Apt. #, etc.		
City & State Fort Pierce, FL		City & State Fort Pierce, FL		4. FEI Number 59-3753332	
Zip 34981		Country St. Lucie		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALDWIN, R. SEAN 920 S US #1 C/O SEAN BALDWIN FORT PIERCE, FL 34950				7. Name and Address of New Registered Agent Name Garry R. Wilson Street Address (P.O. Box Number is Not Acceptable) 4700 West Midway Road City Fort Pierce FL Zip Code 34981	
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 <u><i>Garry R. Wilson</i></u> DATE <u>2-10-05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD DAVIS, JAMES A 1201 MAIN STREET SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Loar, Deryl B 22929 North 25th Street Fort Pierce, FL 34946
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAYMOND, ROY 4055 41ST AVE VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mascara, Ken J 4700 West Midway Road Fort Pierce, FL 34981
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALDWIN, R. SEAN 920 S US #1 FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Wilson, Garry R 4700 West Midway Road Fort Pierce, FL 34981
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOAR, DERYL B 2929 N 25TH STREET FORT PIERCE, FL 34946	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, Ed 603 North Indian River Drive #200 Fort Pierce, FL 34950
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Garry R. Wilson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2-10-05</u> Daytime Phone # _____	