


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90411 021 \*\*\*\*61.25

**DOCUMENT # N24392**

1. Entity Name  
**TREASURE COAST CHIEFS OF POLICE AND SHERIFFS ASSOCIATION INC.**



Principal Place of Business  
**4700 WEST MIDWAY ROAD  
 FORT PIERCE, FL 34981**

Mailing Address  
**4700 WEST MIDWAY ROAD  
 C/O SEAN BALDWIN  
 FORT PIERCE, FL 34981**


**50008627**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country



02092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3753332**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, GARRY R  
 4700 WEST MIDWAY ROAD  
 FORT PIERCE, FL 34981**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2006**

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	<input checked="" type="checkbox"/> Delete
NAME	LOAR, DERYL B	
STREET ADDRESS	2929 NORTH 25TH STREET	
CITY-ST-ZIP	FORT PIERCE, FL 34946	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MASCARA, KEN J	
STREET ADDRESS	4700 WEST MIDWAY ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34981	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILSON, GARRY R	
STREET ADDRESS	4700 WEST MIDWAY ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34981	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ED	
STREET ADDRESS	603 NORTH INDIAN RIVER DR #200	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCARA, KEN J	
STREET ADDRESS	4700 WEST MIDWAY ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34981-4825	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAPPEN, DON	
STREET ADDRESS	1055 - 20TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Piccininni, Richard	
STREET ADDRESS	603 North Indian River Dr., #200	
CITY-ST-ZIP	Fort Pierce, FL 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

**SIGNATURE:** *G. Wilson* **March 27, 2006** **772-462-3210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #