


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90078 013 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3753332	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				Not Applicable <input type="checkbox"/>	
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	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 MASCARA, KEN J 4700 WEST MIDWAY RD FORT PIERCE, FL 349814825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAPPEN, DON 1055 - 20th Street VERO BEACH, FL 32960
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAPPEN, DON 1055- 20TH ST VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PICCININNI, RICHARD 603 NORTH INDIAN RIVER DRIVE, SUITE 200 FORT PIERCE, FL 34950
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILSON, GARRY R 4700 WEST MIDWAY ROAD FORT PIERCE, FL 34981	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCININNI, RICHARD 603 NORTH INDIAN RIVER DR # 200 FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, ANTHONY POST OFFICE BOX 881539 PORT ST. LUCIE, FL 34988
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Garry R. Wilson</u> Garry R. Wilson January 9, 2007 (772) 462-3210 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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