2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24392

FILED Apr 27, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4700 WEST MIDWAY ROAD

FORT PIERCE, FL 34981

2300 VIRGINIA AVE.

C/O MARK GODWIN

FORT PIERCE, FL 34982

Current Mailing Address: New Mailing Address:

2300 VIRGINIA AVENUE C/O MARK GODWIN FORT PIERCE, FL 34982

FEI Number: 59-3753332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, GARRY R CHIEF
4700 WEST MIDWAY ROAD
500 VIRGINIA AVE.
500 VIRGINIA AVE.
500 VIRGINIA AVE.
500 MARK GODWIN
500 FORT PIERCE, FL 34981 US
500 VIRGINIA AVE.
500 MARK GODWIN
500 FORT PIERCE, FL 34982 US

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.

in the State of Florida.

SIGNATURE: MARK GODWIN 04/27/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: LOAR, DERYL SHERIFF Address: 4055 41ST AVE.

City-St-Zip: VERO BEACH, FL 32960 US

Title: VP

Name: MORRIS, MICHELLE CHIEF Address: 1201 MAIN STREET City-St-Zip: SEBASTIAN, FL 32958 US

Title: STD

 Name:
 GODWIN, MARK MR.

 Address:
 2300 VIRGINIA AVENUE

 City-St-Zip:
 FORT PIERCE, FL 34982 US

Title:

 Name:
 MAY, PAUL SHERIFF

 Address:
 504 N.W. 4TH STREET

 City-St-Zip:
 OKEECHOBEE, FL 34972 US

Title:

Name: WILSON, GARRY CHIEF
Address: 4700 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34981 US

Title:

Name: PICCININNI, RICHARD SA

Address: 603 NORTH INDIAN RIVER DRIVE, SUTIE 200

City-St-Zip: FORT PIERCE, FL 34950 US

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: MARK GODWIN MR. 04/27/2010