

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24392

FILED
Feb 14, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

4700 WEST MIDWAY ROAD
FORT PIERCE, FL 349814825 US

Current Mailing Address:

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

New Mailing Address:

4700 WEST MIDWAY ROAD
FORT PIERCE, FL 349814825 US

FEI Number: 59-3753332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODWIN, MARK J CJC
2300 VIRGINIA AVE.
C/O MARK GODWIN
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

WILSON, GARRY R CHIEF
4700 WEST MIDWAY ROAD
FORT PIERCE, FL 349814825 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.

SIGNATURE: GARRY R. WILSON

02/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP
Name: MAY, PAUL SHERIFF
Address: 504 N.W. 4TH STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: STD
Name: WILSON, GARRY CHIEF
Address: 4700 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 349814825 US

Title: D
Name: SCHAUUMAN, BILL CHIEF
Address: 6001 NORTH A-1-A
City-St-Zip: INDIAN RIVER SHORES, FL 32963 US

Title: D
Name: LOAR, DERYL SHERIFF
Address: 4055 - 41ST AVENUE
City-St-Zip: VERO BEACH, FL 32960 US

Title: D
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: GARRY R. WILSON

STD

02/14/2011

Electronic Signature of Signing Officer or Director

Date