



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90008 030 \*\*\*\*70.00

<b>DOCUMENT # N28945</b>					
1. Entity Name <b>TAMPA BAY AREA CHIEFS OF POLICE ASSOCIATION, INC</b>					
Principal Place of Business <b>11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617 US</b>			Mailing Address <b>P.O. BOX 291756 TEMPLE TERRACE, FL 33687-1764 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2974148</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DAGGETT, WILLIAM W 11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33687</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		<b>FL</b>
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VELONG, A.L. TONY</b>		NAME	<b>Velong, A.L. Tony</b>	
STREET ADDRESS	<b>11250 NORTH 56TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEATHCOTE, I W</b>		NAME		
STREET ADDRESS	<b>15 NW FIRST ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MEADE, FL 33841</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAGGETT, WILLIAM W</b>		NAME		
STREET ADDRESS	<b>11250 NORTH 56TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TEMPLE TERRACE, FL 33617</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, DORENE</b>		NAME	<b>Thomas, Dorene</b>	
STREET ADDRESS	<b>7700 56TH STREET NORTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PINELLAS PARK, FL 33781</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEWELL, JIM</b>		NAME	<b>Hogel, Albert F.</b>	
STREET ADDRESS	<b>4211 N LOIS AVE</b>		STREET ADDRESS	<b>5460 Gulf of Mexico Drive</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33614</b>		CITY-ST-ZIP	<b>Longboat Key, Fl. 34228</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEATHCOTE, I.W.</b>		NAME		
STREET ADDRESS	<b>15 W FIRST STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MEADE, FL 33841</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 		<b>WILLIAM W. DAGGETT</b>		<b>7-6-04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>813 989 7027</b>	