

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90052 047 ****70.00

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DOCUMENT # N28945					
1. Entity Name TAMPA BAY AREA CHIEFS OF POLICE ASSOCIATION, INC					
Principal Place of Business 11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33617 US			Mailing Address P.O. BOX 291756 TEMPLE TERRACE, FL 33687-1764 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2974148	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAGGETT, WILLIAM W 11250 NORTH 56TH STREET TEMPLE TERRACE, FL 33687				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 <u>William W Daggett</u> DATE <u>3-24-05</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$61.25 Due by May 1, 2005		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VELONG, A.L. TONY		NAME		
STREET ADDRESS	11250 NORTH 56TH STREET		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATHCOTE, I W		NAME	HEATHCOTE, I.W.	
STREET ADDRESS	15 NW FIRST ST		STREET ADDRESS	15 W FIRST STREET	
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP	FORT MEAD, FL 33841	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAGGETT, WILLIAM W		NAME		
STREET ADDRESS	11250 NORTH 56TH STREET		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DORENE		NAME	THOMAS, DORENE	
STREET ADDRESS	7700 56TH STREET NORTH		STREET ADDRESS	7700 56 TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGEL, ALBERT F		NAME	PAUL SIRECI	
STREET ADDRESS	5460 GULF OF MEXICO DRIVE		STREET ADDRESS	5503 WEST SPRUCE STREET	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEATHCOTE, I.W.		NAME	SANDVIK, ERIC	
STREET ADDRESS	15 W FIRST STREET		STREET ADDRESS	450 N. BROADWAY AVE.	
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP	BARTOW, FL 33830	
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.					
SIGNATURE: <u>William W Daggett</u> Date <u>3-24-05</u> Daytime Phone # <u>813 989 7627</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					