

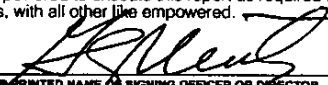


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90033 043 \*\*\*\*61.25

<b>DOCUMENT # N28945</b>					
<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 - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2974148	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MERTZ, GREGORY J 5521 W. SPRUCE STREET, STE. B-33 TAMPA, FL 33607			Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code		
<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.</b>					
SIGNATURE: 			DATE: 3/5/08		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, RUSSELL		NAME	BARNES, RUSSELL	
STREET ADDRESS	6118 8TH STREET		STREET ADDRESS	SAME	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERTZ, GREGORY		NAME		
STREET ADDRESS	5521 W. SPRUCE STREET, STE B-33		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JOHN		NAME	GREEN, JOHN	
STREET ADDRESS	7700 56TH STREET NORTH		STREET ADDRESS	SAME	
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRECI, PAUL		NAME		
STREET ADDRESS	5503 WEST SPRUCE STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDVIK, ERIC		NAME		
STREET ADDRESS	450 N BROADWAY AVE		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
<b>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.</b>					
SIGNATURE: 			DATE: 3/5/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE #: 813/227-4046		

40044301



03062008 Chg-NP CR2E037 (12/06)

# ATTACHMENT

40044537

Document # N28945

## Additions:

- VP Thomas Longo  
4202 E. Fowler Ave. UPB002  
Tampa, FL 33620
- D David Romine  
200 76th Ave.  
St. Pete Beach, FL 33706
- D Curt Willocks  
2401 - 53rd Street  
Gulfport, FL 33707
- D Doreen Thomas  
7700 59th Street N.  
Pinellas, Park, FL 33781
- D Mark Ober  
800 E. Kennedy Blvd. 5th Floor  
Tampa, FL 33602
- D Jay Romine  
5801 Marina Dr.  
Holmes Beach, FL 34217