


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90006 044 ****61.25

DOCUMENT # N40642	
1. Entity Name THE BROWARD COUNTY CHIEFS OF POLICE ASSOCIATION, INC.	

Principal Place of Business 3501 S.W. DAVIE ROAD FORT LAUDERDALE, FL 33314	Mailing Address 3501 S.W. DAVIE ROAD FORT LAUDERDALE, FL 33314
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01232006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0204171	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MANDT, EDWARD J. 3501 S.W. DAVIE ROAD FORT LAUDERDALE, FL 33314	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSEY, LARRY	NAME	John Auer
STREET ADDRESS	451 NW 70TH TERRACE	STREET ADDRESS	2601 W. Broward Blvd.
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	Ft. Lauderdale, FL 33312
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCARBERRY, JAMES	NAME	Duncan Foster
STREET ADDRESS	3250 HOLLYWOOD BLVD	STREET ADDRESS	2801 Coral Springs Drive
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, JOHN	NAME	
STREET ADDRESS	1230 S NOB HILL RD	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIUSTINO, DAN	NAME	
STREET ADDRESS	9500 OPINES BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIERZBICKI, RICHARD	NAME	
STREET ADDRESS	524 NE 21ST COURT	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: James H. Scarberry 2/10/06 (954) 967-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #