

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40642

FILED
May 04, 2007
Secretary of State

Entity Name: THE BROWARD COUNTY CHIEFS OF POLICE ASSOCIATION, INC.

Current Principal Place of Business:

3501 S.W. DAVIE ROAD
FORT LAUDERDALE, FL 33314

New Principal Place of Business:

Current Mailing Address:

3501 S.W. DAVIE ROAD
FORT LAUDERDALE, FL 33314

New Mailing Address:

FEI Number: 65-0204171 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MANDT, EDWARD J.
3501 S.W. DAVIE ROAD
FORT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASSEY, LARRY
Address: 451 NW 70TH TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: SCARBERRY, JAMES
Address: 3250 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: AUER, JOHN
Address: 2601 W. BROWARD BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: GIUSTINO, DAN
Address: 9500 OPINES BLVD.
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: FOSTER, DUNCAN
Address: 2801 CORAL SPRINGS DR
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PACHNEK, KENNETH
Address: 6279 WEST OAKLAND PARK BLVD
City-St-Zip: LAUDERHILL, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DUNCAN FOSTER

MR

05/04/2007

Electronic Signature of Signing Officer or Director

Date