

FILE FILING FEE AFTER MAY 1 IS \$155.00

**COMMISSION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 PM 1:13

DOCUMENT # 711030 (7)

1. Corporation Name

LAKELAND POLICE DEPARTMENT EMPLOYEES' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

219 N MASSACHUSETTS AVE
LAKELAND FL 33801
US

219 N MASSACHUSETTS AVE
LAKELAND FL 33801
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1966

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1667189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$9.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBSON, CHARLES E
219 N MASSACHUSETTS AVE
LAKELAND FL 33801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P-D
NAME THOMASON, JOHN
STREET ADDRESS 219 N MASSACHUSETTS AVE
CITY - ST - ZIP LAKELAND, FL 00000

1.1 TITLE

☐ Change ☐ Addition

TITLE VP
NAME BAREFOOT, RACHEL
STREET ADDRESS 219 N MASSACHUSETTS AVE
CITY - ST - ZIP LAKELAND FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change ☐ Addition

TITLE S
NAME SMITH, DOROTHY
STREET ADDRESS 219 N MASSACHUSETTS AVE
CITY - ST - ZIP LAKELAND FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change ☐ Addition

TITLE T-D
NAME PIVER, WANDA
STREET ADDRESS 219 N MASSACHUSETTS AVE
CITY - ST - ZIP LAKELAND FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

TITLE BM-D
NAME FRASIER, STEVE
STREET ADDRESS 219 N. MASSACHUSETTS AVE
CITY - ST - ZIP LAKELAND FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

TITLE BM-D
NAME GROSS, GARY
STREET ADDRESS 219 N MASSACHUSETTS AVE
CITY - ST - ZIP LAKELAND FL

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

BM-D
Gum, David

219 N MASSACHUSETTS AVE
LAKELAND, FL 33801

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 sponsor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wanda K. Piver, Treasurer

4/27/95

813/499-6925

Date

Telephone