FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

LAKELAND POLICE DEPARTMENT EMPLOYEES' ASSOCIATIO N, INC.

Principal Place of Business

Mailing Address

FILED Aug 05 1997 8:00am Secretary of State



219 N MASSACHUSETTS AVE LAKELAND FL 33801				219 N MASSACHUSETTS AVE LAKELAND FL 33801-4972								
				us				3. Date Incorporated or Qualified 06/14/1966	30	Date of Last F 04/10/19	1epon	
2. Principal Place of Business				2a. Mailing Address			4. FEI Number		I IA	pplied For		
21				26			59-1667189		 	ot Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional		
22				27			5. Certificate of Status Desired	لسا	Fee R	equired		
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be	
Zip Country				[28]			Trust Fund Contribution			to Fees		
24	—			Zip	·			8. This corporation has liability for intangible tax under s. 199.032,				
25 9, Name and Address of Current				ilstered Agent	30]			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
10. Name and Address of New Registered Agent 81 Name												
JACOBSON, CHARLES E												
			82 Street Addre			ddress (P.O. Box Number is Not Accepte	ible)					
219 N MASSACHUSETTS AVE LAKELAND FL 33801						83						
511251		•			i						j	
						84	City		•	B5 Zip	Code	
11. Pursuant	to the provision	ons of Sections	617.0502 and	617.1508, Florida Statute	es, the ab	ove	e-named c	orporation submits this statement for the	DUTDOS	se of changing it	is registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.												
SIGNATURE SAME AS ABOUE												
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											·	
12.		OFFIC	ERS AND DIR		13.			ADDITIONS/CHANGES TO OFF	CERS		RS IN 12	
TITLE	PP			DELETE	1.1 111	LE		VPD		Change	X Addition	
NAME		ON, JOHN	PC 11/P		1.2 NA			SAM TAYLOR			İ	
STREET ADDRESS		ASSACHUSE		1.3 STREET ADDRESS			219 N. MASSACHUSE		AV.	li li		
CITY-ST-ZIP TITLE	VPD	D. FL 00000		X DELETE	1.4 DIT			LAKELAND, FL 338	<u> </u>			
NAME	GROSS,	CARV		MAI DECETE	2.1 111		ř	SV		☐ Change	Addition C	
STREET ADDRESS		ASSACHUSE	ITS AVE		2.2 NAME			ANGELA TOTH	mm	***		
CITY-ST-ZIP	LAKELAN		I IO AVE		2.3 STREET ADDRES			219 N. MASSACHUSE		AV.	ļ	
TITLE	SD	DIL		☐ DELETE	2.4 CI			LAKELAND, FL 338	<u> </u>	[] Ohama	EFI AANU-	
NAME		S, LAURIE		L Detter	3.2 NAI	_		BMD MIKE CATALANO		Change	Addition	
STREET ADDRESS	219 N MASS AVE				3.3 STREET ADDRESS			219 N. MASSACHUSE	rts	AV.		
CITY-ST-ZIP	LAKELAN				3.4. Cil			LAKELAND, FL 338				
TITLE	TO	• -		DELETE	4.1 TIT		1-217			Change	Addition	
NAME	PIVER, W	ANDA			4. 2 NA					رو،،،،،،و		
STREET ADDRESS		ASSACHUSET	TS AVE				ADDRESS	•				
CITY-ST-ZIP	LAKELAN		-		4.4 CIT							
TITLE	BM D			K DELETE	5.1 T(T)		:			Change	Addition	
NAME	FRASIER,	STEVE			5.2 NA	ΝE						
STREET ADDRESS	219 N. M	ASSACHUSE	TTS AVE		5.3 STR	EET A	ADDRESS					
CITY-ST-ZIP	LAKELAN	D FL			5.4 CIT							
TITLE	BMD			DELETE	6.1 TITE			- Park and the second s		Change	Addition	
NAME	GUM, DA	MD			6.2 NAM	AE :	İ	800000229	::2:	- 4	DE	
STREET ADDRESS	219 N M/	ISS AVE			6.3 STA	EET A	ADDRESS	00000225 -08/06/97010	ήγ—	-ñ i 7	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY-ST-ZIP	LAKELAN	D FL			6.4 CIT	r-st	- ZIP	***61.25		we see	% '	

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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.