FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 10 PM 1:59

DOCUMENT # **747196** **(4)**

1. Corporation Name

LAKE WALES POLICE OFFICERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
133 E TILLMAN AVE LAKE WALES FL 33853	133 E TILLMAN AVE LAKE WALES FL 33853 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/16/1979**
3a. Date of Last Report: **02/22/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** 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
LEVINE, MARK E. 40 ALDO ROAD BABSON PARK 33827	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 Mark E. Levine MARK E. LEVINE 2-27-95
Signature, name of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	HARRELL, TIMOTHY	1.2 NAME	ALMA VINCENT	
STREET ADDRESS	133 E TILLMAN AVE	1.3 STREET ADDRESS	133 E. TILLMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	LAKE WALES, FL. 33853	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	STROUP, MARK	2.2 NAME		
STREET ADDRESS	133 E TILLMAN AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	HADDEN, THERESA	3.2 NAME	BOBBY SMITH	
STREET ADDRESS	133 E TILLMAN AVE	3.3 STREET ADDRESS	133 E. TILLMAN AVE	
CITY-ST-ZIP	LAKE WALES, FL 00000	3.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	PLATT, HENRY A.	4.2 NAME	ALMA VINCENT	
STREET ADDRESS	133 E TILLMAN AVE	4.3 STREET ADDRESS	133 E. TILMAN AVE.	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	LAKE WALES, FL. 33853	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, MARK	5.2 NAME		
STREET ADDRESS	133 E TILLMAN AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	STOUDEMIRE, EARNEST	6.2 NAME		
STREET ADDRESS	133 E TILLMAN AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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.

SIGNATURE: Mark E. Levine MARK E. LEVINE 2-27-95 (813)6784223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #