2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

HIGHLAND CITY, FL 33846

HIGHLAND CITY, FL 33846

JAKE BRAMER

CITY-ST-ZIP

TITLE

NAME

20

STREET ADDRESS PO BOX 1424

FILED Apr 30, 2007 8:00 am Secretary of State

☐ Change

☐ Addition

1. Entity Nam	LAW ENFORCEMENT PR			90449 007 ****61	1.25					
Principal Place P.O. BOX 147 HIGHLAND C		Mailing Address P.O. BOX 1424 HIGHLAND CITY, FL 338	46	<u> </u>						
	lace of Business - No P.O. Box# W Broward Blvo #, etc.	3. Mailing Address Box 14 Suite, Apt. #, etc.	24	04242007	Chg-NP	CR2E037 (12/06)				
F+ L	Buderdale	Highland C	itu	4. FEI Numb 59-288			pplied For			
FL	33312	礼	33844		of Status Desired	\$8.75 Add Fee Require				
<u> </u>	6. Name and Address of Current	Registered Agent	Name	7. Name and	7. Name and Address of New Registered Agent					
GEE, JAC	κ		IVaille							
1	ROWARD BLVD		Street A	ddress (P.O. Box Numb	er is Not Acceptabl	(e)	ì			
	RDALE POLICE DEPT									
FORT LAUDERDALE, FL 33312				City Zip Code						
			City			FL Zip Coo	e			
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 Signature, typed or privide name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
SIGNATURE .		and title if applicable. (NOTE:	Registered Agent signati	ure required when rainstating)		DATE				
SIGNATURE .				ure required when reinstating)						
SIGNATURE .		and title if applicable. (NOTE: I 9. Election Camp Trust Fund Co	paign Financing	\$5.00 May I Added to Fees		DATE Make check payable trida Department of S				
SIGNATURE .	Signature, typed or printed name of registered agent. Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May I Added to Fees	Flo	flake check payable t rida Department of S	tate			
	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May I Added to Fees	Flo	Make check payable t	tate			
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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

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SIGNATURE:	athen	X Sunc	CATHERINE	A. SIRERA	4/23/07	287-013
		MEN NO ODINTER NAME OF RICH	ING OFFICER OR DIRECTOR	Date		Dautima Phone #