

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

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1. Corporation Name

WINTER HAVEN POLICE BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

551 3RD STREET. N.W.
WINTER HAVEN FL 33881-1099

Mailing Address

551 3RD STREET. N.W.
WINTER HAVEN FL 33881-1099

2. Principal Place of Business

21 551 3rd ST NW

Suite, Apt. #, etc.

22 N/A

City & State

23 WINTER HAVEN FL

Zip

24 33880

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 N/A

City & State

28 N/A

Zip

29 N/A

Country

30 N/A

3. Date Incorporated or Qualified

11/13/1962

4. FEI Number

59-2931265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MEAD, MIKE
551 THIRD ST., N.W.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME TD DENHAM, PATRICIA A

STREET ADDRESS 551 THIRD ST NW

CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ DELETE

NAME PD MEAD, MIKE

STREET ADDRESS 551 THIRD ST., NW

CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ DELETE

NAME S FLOYD, MAXINE

STREET ADDRESS 551 THIRD ST NW

CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☒ DELETE

NAME VD SHUMATC, BOBBY

STREET ADDRESS 551 3RD STREET NW

CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ DELETE

NAME SA WARREN, ED

STREET ADDRESS 551 THIRD ST., NW

CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ DELETE

NAME C BOWDEN, TERY W

STREET ADDRESS 551 THIRD ST NW

CITY-ST-ZIP WINTER HAVEN FL 33881

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME TD GAUREAU MICHELLE

1.3 STREET ADDRESS 551 3rd ST NW

1.4 CITY-ST-ZIP WINTER HAVEN FL 33881

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

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

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/99

941-291-5858
Daytime Phone #

CR2E037 (11/98)