

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704792

Entity Name: WINTER HAVEN POLICE BENEVOLENT ASSOCIATION, INC.**Current Principal Place of Business:**125 N LAKE SILVER DR. NW
WINTER HAVEN, FL 33881**Current Mailing Address:**125 N LAKE SILVER DR. NW
WINTER HAVEN, FL 33881 US**FEI Number: 59-2066440****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ANDERSON, KARI
125 N LAKE SILVER DR NW
WINTER HAVEN, FL 33881 US*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.***SIGNATURE: KARI ANDERSON****01/25/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--------------------------|
| Title | T |
| Name | ANDERSON, KARI |
| Address | 125 N LAKE SILVER DR. NW |
| City-State-Zip: | WINTER HAVEN FL 33881 |

| | |
|-----------------|-----------------------|
| Title | D |
| Name | ROIAS, AIDA |
| Address | 125 LAKE SILVER DR NW |
| City-State-Zip: | WINTER HAVEN FL 33881 |

| | |
|-----------------|--------------------------|
| Title | D |
| Name | NEELY, RYAN |
| Address | 125 N LAKE SILVER DR. NW |
| City-State-Zip: | WINTER HAVEN FL 33881 |

| | |
|-----------------|--------------------------|
| Title | P |
| Name | BONSALL, ROBERT |
| Address | 125 N LAKE SILVER DR. NW |
| City-State-Zip: | WINTER HAVEN FL 33881 |

| | |
|-----------------|-----------------------|
| Title | S |
| Name | COPELAND, VICKIE |
| Address | 125 LAKE SILVER DR NW |
| City-State-Zip: | WINTER HAVEN FL 33881 |

| | |
|-----------------|--------------------------|
| Title | V |
| Name | GASKIN, KARI |
| Address | 125 N LAKE SILVER DR. NW |
| City-State-Zip: | WINTER HAVEN FL 33881 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KARI ANDERSON**TREASURER****01/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date