2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003093

Entity Name: POLK COUNTY LAW ENFORCEMENT MEMORIAL FUND, INC.

FILED
Mar 21, 2016
Secretary of State
CC3042281088

Current Principal Place of Business:

700 WEST LIME STREET LAKELAND. FL 33801

Current Mailing Address:

PO BOX 7836

LAKELAND, FL 33807

FEI Number: 02-0689163 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEPERE, WILLIAM ROBERT JR. 125 WEST BRANNEN ROAD LAKELAND, FL 33813 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: WILLIAM LEPERE JR 03/21/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title DIRECTOR Title SECRETARY

Name TEAGAN, MELANIE Name DOMBROWSKY, LYNN E

Address PO BOX 7836 Address PO BOX 7836

125 W. BRANNEN RD 125 W. BRANNEN RD

LAKELAND FL 33807 City-State-Zip: LAKELAND FL 33807

Title DIRECTOR Title DIRECTOR

Name SOPKA, RICK Name CROW, LAWRENCE WJR.

Address PO BOX 7836 Address PO BOX 7836

125 W. BRANNEN RD 125 W. BRANNEN RD

City-State-Zip: LAKELAND FL 33807 City-State-Zip: LAKELAND FL 33807

Title CHAIRMAN Title DIRECTOR

Name LEPERE, WILLIAM ROBERT JR. Name JOHNSON, LINDA

Address PO BOX 7836 Address PO BOX 7836

125 W. BRANNEN RD 125 W.BRANNEN RD

City-State-Zip: LAKELAND FL 33807 City-State-Zip: LAKELAND FL 33807

Title DIRECTOR Title DIRECTOR

Name GOSLINE, KEN Name MULLINS, RANDY

Address PO BOX 7836 Address PO BOX 7836

125 W. BRANNEN RD 125 W. BRANNEN RD

City-State-Zip: LAKELAND FL 33807 City-State-Zip: LAKELAND FL 33807

Continues on page 2

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: WILLIAM R. LEPERE, JR. CHAIRMAN 03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title TREASURER

Name LINK, MICHAEL

Address PO BOX 7836

City-State-Zip: LAKELAND FL 33807