

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003093

Entity Name: POLK COUNTY LAW ENFORCEMENT MEMORIAL FUND, INC.**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: Yes****Name and Address of Current Registered Agent:**LAWTON, MICHAEL L
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name LAWTON, MICHAEL L
Address PO BOX 7836
125 W. BRANNEN RD
City-State-Zip: LAKELAND FL 33807

Title DIRECTOR
Name TEAGAN, MELANIE
Address PO BOX 7836
125 W. BRANNEN RD
City-State-Zip: LAKELAND FL 33807

Title S
Name DOMBROWSKY, LYNN E
Address PO BOX 7836
125 W. BRANNEN RD
City-State-Zip: LAKELAND FL 33807

Title D
Name SOPKA, RICK
Address PO BOX 7836
125 W. BRANNEN RD
City-State-Zip: LAKELAND FL 33807

Title D
Name CROW, LAWRENCE WJR.
Address PO BOX 7836
125 W. BRANNEN RD
City-State-Zip: LAKELAND FL 33807

Title T
Name LEPERE, BILL
Address PO BOX 7836
125 W. BRANNEN RD
City-State-Zip: LAKELAND FL 33807

Title DIRECTOR
Name JOHNSON, LINDA
Address PO BOX 7836
125 W. BRANNEN RD
City-State-Zip: LAKELAND FL 33807

Title DIRECTOR
Name GOSLINE, KEN
Address PO BOX 7836
125 W. BRANNEN RD
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: MICHAEL L. LAWTON**DIRECTOR/CHAIRMAN****03/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MULLINS, RANDY
Address	PO BOX 7836 125 W. BRANNEN RD
City-State-Zip:	LAKELAND FL 33807