

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001240

Entity Name: THE LAW ENFORCEMENT MEMORIAL FAMILY CRISIS FUND, INC.**FILED**
Feb 14, 2024
Secretary of State
1344446810CC**Current Principal Place of Business:**117 PLYMOUTH PASS DRIVE
LEXINGTON, SC 29072**Current Mailing Address:**117 PLYMOUTH PASS DRIVE
LEXINGTON, SC 29072 US**FEI Number: 26-1968469****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FISHER, JAMES
117 PLYMOUTH PASS DRIVE
LEXINGTON, FL 29072 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 PRESIDENT
Name DURST, TIMOTHY
Address PO BOX 358983
City-State-Zip: GAINESVILLE FL 32635Title DIRECTOR
Name HOWELL, CHAD
Address P.O. BOX 358983
City-State-Zip: GAINESVILLE FL 32635Title DIRECTOR
Name DURST, DANIELLE
Address P.O. BOX 358983
City-State-Zip: GAINESVILLE FL 32635Title TREASURER
Name FISHER, CATHY
Address P.O. BOX 358983
City-State-Zip: GAINESVILLE FL 32635Title DIRECTOR
Name NEAL, ALAN
Address P.O. BOX 358983
City-State-Zip: GAINESVILLE FL 32635Title DIRECTOR
Name GILLIS, SHANNON
Address P.O. BOX 358983
City-State-Zip: GAINESVILLE FL 32635

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: CATHY FISHER**TREASURER****02/14/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date