2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001240

Entity Name: THE LAW ENFORCEMENT MEMORIAL FAMILY CRISIS FUND, INC.

Current Principal Place of Business:

3515 NW 39TH LANE
GAINESVILLE, FL 32605

Current Mailing Address:

3515 NW 39TH LANE
GAINESVILLE, FL 32605

FEI Number: 26-1968469

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FISHER, JAMES
3515 N.W. 39TH LANE
GAINESVILLE, FL 32605 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	DIRECTOR		Title	PRESIDENT
Name	DURST, TIMOTHY		Name	OWENS, CHARLES
Address	PO BOX 358983		Address	2503 NW 50TH PLACE
City-State-Zip:	GAINESVILLE FL 32635		City-State-Zip:	GAINESVILLE FL 32605
Title	VP		Title	DIRECTOR
Name	HARRISON, THOMAS		Name	LYNCH, MICHAEL
Address	2801 NW 23RD BLVD, #W153		Address	725 NW 13TH STREET #2106
City-State-Zip:	GAINESVILLE FL 32605		City-State-Zip:	GAINESVILLE FL 32601
Title	DIRECTOR		Title	TREASURER
Name	KNEZEVICH, MICHAEL		Name	FISHER, CATHY
Address	6037 NW 115TH PLACE		Address	3515 NW 39TH LANE
City-State-Zip:	ALACHUA FL 32615		City-State-Zip:	GAINESVILLE FL 32605
Title	SECRETARY			
Name	DURST, DANIELLE			
Address	PO 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   04/13/2014

Electronic Signature of Signing Officer/Director Detail   Date