

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001240

Entity Name: THE LAW ENFORCEMENT MEMORIAL FAMILY CRISIS FUND, INC.**FILED**
Jan 10, 2020
Secretary of State
0678341839CC**Current Principal Place of Business:**1572 HARBOR CLUB DRIVE
TALLAHASSEE, FL 32308**Current Mailing Address:**1572 HARBOR CLUB DRIVE
TALLAHASSEE, FL 32308 US**FEI Number: 26-1968469****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FISHER, JAMES
1572 HARBOR CLUB DRIVE
TALLAHASSEE, FL 32308 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
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 PRESIDENT
Name LYNCH, MICHAEL
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 SECRETARY
Name REEDY, JENNIFER
Address PO BOX 358983
City-State-Zip: GAINESVILLE FL 32635Title DIRECTOR
Name CAMPOS, LAURA
Address P.O. BOX 358983
City-State-Zip: GAINESVILLE FL 32635Title DIRECTOR
Name WELCH, CHAD
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****01/10/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date