

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006268

Entity Name: LAKELAND POLICE FOUNDATION, INC.**Current Principal Place of Business:**219 NORTH MASSACHUSETTS AVENUE
LAKELAND, FL 33801**Current Mailing Address:**219 NORTH MASSACHUSETTS AVENUE
LAKELAND, FL 33801**FEI Number:** 46-0566566**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MALLORY, ROGER AESQ.
219 NORTH MASSACHUSETTS AVENUE
LAKELAND, FL 33801 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	TREASURER
Name	BROSSART, MICHAEL C
Address	219 NORTH MASSACHUSETTS AVENUE
City-State-Zip:	LAKELAND FL 33801

Title	DIRECTOR
Name	FREDERICK, CHANDRA
Address	219 NORTH MASSACHUSETTS AVENUE
City-State-Zip:	LAKELAND FL 33801

Title	DIRECTOR
Name	MCWILLIAMS, DONNA
Address	219 NORTH MASSACHUSETTS AVENUE
City-State-Zip:	LAKELAND FL 33801

Title	DIRECTOR
Name	HART, BARBARA O
Address	219 NORTH MASSACHUSETTS AVENUE
City-State-Zip:	LAKELAND FL 33801

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 C. BROSSART**TREASURER****03/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date