

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90015 008 \*\*\*\*61.25

**DOCUMENT # 704792**

1. Entity Name

**WINTER HAVEN POLICE BENEVOLENT ASSOCIATION, INC.**



Principal Place of Business

125 N LAKE SILVER DR. NW  
WINTER HAVEN FL 33881

Mailing Address

125 N LAKE SILVER DR. NW  
WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2931265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JOEL  
551 THIRD ST., N.W.  
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name Nichols, Ken  
Street Address (P.O. Box Number is Not Acceptable)  
125 N. Lake Silver Dr. N.W.  
City Winter Haven FL Zip Code 33881

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ken Nichols Trus.

03-09-2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICHOLS, KEN 125 LAKE SILVER DR. NW WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLOYD, MAXINE 551 THIRD ST NW WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIXON, ANDROMENA 551 3RD STREET NW WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JARVIS, JUDY 551 THIRD ST., NW WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWDEN, TERRY 125 N LAKE SILVER DR. NW WINTER HAVEN FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOREY, FRANK 125 N LAKE SILVER DR. NW WINTER HAVEN FL 33881	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	125 Lake Silver Dr NW Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Krug, Aden 125 Lake Silver Dr NW Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	125 Lake Silver Dr NW Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ken Nichols

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-291-5858