



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 704792</b> 1. Entity Name <b>WINTER HAVEN POLICE BENEVOLENT ASSOCIATION, INC.</b>	
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Principal Place of Business <b>125 N LAKE SILVER DR. NW WINTER HAVEN, FL 33881</b>	Mailing Address <b>125 N LAKE SILVER DR. NW WINTER HAVEN, FL 33881</b>
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**DO NOT WRITE IN THIS SPACE**



04152007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2931265</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KRUG, ADEN A  
125 N LAKE SILVER DR NW  
WINTER HAVEN, FL 33881**

**DO NOT WRITE IN THIS SPACE**

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 *Aden A. Krug* (NOTE: Registered Agent signature required when reinstating) DATE 04-15-07

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRUG, ADEN A 125 LAKE SILVER DR. NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLS, KEN 125 LAKE SILVER DR NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROOKS, LARRY 125 LAKE SILVER DR. NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JARVIS, JUDY 125 LAKE SILVE DR NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWDEN, TERRY 125 N LAKE SILVER DR. NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTEVE, ROB 125 N LAKE SILVER DR. NW WINTER HAVEN, FL 33881

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U00000715550  
04/27/07-80069-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Aden A. Krug* DATE 04-15-07 DAYTIME PHONE # 863-291-5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR