

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90036 008 ****61.25

0066433

DOCUMENT # 711030

1. Corporation Name

LAKELAND POLICE DEPARTMENT EMPLOYEES' ASSOCIATION, INC.

Principal Place of Business

219 N MASSACHUSETTS AVE
LAKELAND FL 33801
US

Mailing Address

219 N MASSACHUSETTS AVE
LAKELAND FL 33801
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/14/1966

4. FEI Number

59-1667189

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JACOBSON, CHARLES E
219 N MASSACHUSETTS AVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

CHARLES E. JACOBSON

4/13/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME THOMASON, JOHN
STREET ADDRESS 219 N MASSACHUSETTS AVE
CITY-ST-ZIP LAKELAND FL 33801

TITLE VPD ☐ DELETE

NAME TAYLOR, SAM
STREET ADDRESS 219 N. MASSACHUSETTS AVE.
CITY-ST-ZIP LAKELAND FL 33801

TITLE SD ☐ DELETE

NAME FLOWERS, LAURIE
STREET ADDRESS 219 N MASS AVE
CITY-ST-ZIP LAKELAND FL 33801

TITLE SD ☒ DELETE

NAME TOTH, ANGELA
STREET ADDRESS 219 N. MASSACHUSETTS AVE.
CITY-ST-ZIP LAKELAND FL 33801

TITLE BMD ☒ DELETE

NAME CATALANO, MIKE
STREET ADDRESS 219 N. MASSACHUSETTS
CITY-ST-ZIP LAKELAND FL 33801

TITLE BMD ☐ DELETE

NAME HOLLAND, A
STREET ADDRESS 219 N MASS AVE
CITY-ST-ZIP LAKELAND FL 33801

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TREASURER
HOLLAND, ASHLEY
219 N. MASS. AVE
LAKELAND, FL 33801

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN THOMASON

Date

4/13/99

Daytime Phone #

941-499-6900

CR2E037 (11/98)