

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711030

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** LAKELAND POLICE DEPARTMENT EMPLOYEES' ASSOCIATION, INC.

**Current Principal Place of Business:**

219 N MASSACHUSETTS AVE  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

219 N MASSACHUSETTS AVE  
LAKELAND, FL 33801 US

**New Mailing Address:**

FEI Number: 59-1667189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALLORY, ROGER  
219 N MASSACHUSETTS AVE  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMASON, JOHN  
Address: 219 N MASSACHUSETTS AVE  
City-St-Zip: LAKELAND, FL 33801

Title: T ( ) Delete  
Name: FLOWERS, LAURIE  
Address: 219 N MASS AVE  
City-St-Zip: LAKELAND, FL 33801

Title: VP ( ) Delete  
Name: JONAS, DAN  
Address: 219 N. MASS AVE.  
City-St-Zip: LAKELAND, FL 33801

Title: S ( ) Delete  
Name: KACEY, TERRY  
Address: 219 N. MASS. AVE  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PRES. JOHN H. THOMASON

PD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date