

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747196

FILED
Feb 09, 2004
Secretary of State**Entity Name:** LAKE WALES POLICE OFFICERS ASSOCIATION, INC.**Current Principal Place of Business:**133 E TILLMAN AVE
LAKE WALES, FL 33853 US**New Principal Place of Business:****Current Mailing Address:**133 E TILLMAN AVE
LAKE WALES, FL 33853 US**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVINE, MARK E.
133 E. TILLMAN AVENUE
LAKE WALES, FL 33853 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: VP () Delete
Name: SMITH, DIANE
Address: 133 E TILLMAN AVE
City-St-Zip: LAKE WALES, FLTitle: P () Delete
Name: STROUP, MARK
Address: 133 E TILLMAN AVE
City-St-Zip: LAKE WALES, FLTitle: D () Delete
Name: GILLIS, HERBERT
Address: 133 E TILLMAN AVE
City-St-Zip: LAKE WALES, FLTitle: S () Delete
Name: MINTON, VERONICA
Address: 133 E. TILLMAN AVE.
City-St-Zip: LAKE WALES, FLTitle: T () Delete
Name: CONNER, MARY
Address: 133 E. TILLMAN AVE.
City-St-Zip: LAKE WALES, FLTitle: D () Delete
Name: VELASQUEZ, CHRISTOPHER
Address: 133 E TILLMAN AVE
City-St-Zip: LAKE WALES, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: SMITH, DIANE
Address: 133 E TILLMAN AVE
City-St-Zip: LAKE WALES, FLTitle: P (X) Change () Addition
Name: QUINN, PATRICK
Address: 133 E TILLMAN AVE
City-St-Zip: LAKE WALES, FLTitle: VP (X) Change () Addition
Name: GILLIS, HERBERT
Address: 133 E TILLMAN AVE
City-St-Zip: LAKE WALES, FLTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: SCHULZE, TROY
Address: 133 E TILLMAN AVE
City-St-Zip: LAKE WALES, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK QUINN

P

02/09/2004

Electronic Signature of Signing Officer or Director

Date