

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747196

FILED  
Apr 18, 2006  
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:**

GILLIS, HERBERT 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: D ( ) Delete  
Name: SMITH, DIANE  
Address: 133 E TILLMAN AVE  
City-St-Zip: LAKE WALES, FL

Title: VP ( ) Delete  
Name: QUINN, PATRICK  
Address: 133 E TILLMAN AVE  
City-St-Zip: LAKE WALES, FL

Title: P ( ) Delete  
Name: STROUP, MARK  
Address: 133 E TILLMAN AVE  
City-St-Zip: LAKE WALES, FL

Title: S ( ) Delete  
Name: MINTON, VERONICA  
Address: 133 E. TILLMAN AVE.  
City-St-Zip: LAKE WALES, FL

Title: T ( ) Delete  
Name: CONNER, MARY  
Address: 133 E. TILLMAN AVE.  
City-St-Zip: LAKE WALES, FL

Title: D ( ) Delete  
Name: SCHULZE, TROY  
Address: 133 E TILLMAN AVE  
City-St-Zip: LAKE WALES, FL

**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:

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 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: VERONICA MINTON

S

04/18/2006

Electronic Signature of Signing Officer or Director

Date