

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 747196

FILED
Oct 29, 2008
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: MARY CONNER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLADUE, JUDI
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
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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: MARY CONNER

T

10/29/2008

Electronic Signature of Signing Officer or Director

Date