

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757891 (7)
1. Corporation Name
LAKE WORTH POLICE OFFICERS BENOVELENT ASSOCIATION, INC.



Principal Place of Business
**120 NO G. STREET
LAKE WORTH FL 33460-3342**

Mailing Address
**120 NO G. STREET
LAKE WORTH FL 33460-3342**

3. Date Incorporated or Qualified
05/06/1981

3a. Date of Last Report
03/02/1995

4. FEI Number
NOT APPLICABLE

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

9. Name and Address of Current Registered Agent
**VINE, ALAN
120 N G STREET
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent
81 Name **Valerie Hurley**
82 Street Address (P.O. Box Number is Not Acceptable)
320 Columbia Drive
83
84 City **Lake Worth** FL 85 Zip Code **33460**

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 **Valerie Hurley, Valerie Hurley, Treasurer** 4/18/96
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	<input type="checkbox"/> DELETE
NAME	VINE, ALAN	
STREET ADDRESS	120 N G STREET	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	EVANS, WILLIAM	
STREET ADDRESS	2411 NORTH EAST COAST ROAD	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PULTS, SUSAN	
STREET ADDRESS	120 NORTH G STREET	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HURLEY, VALERIE	
STREET ADDRESS	320 COLUMBIA DRIVE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SD Bakke, Earl
33 STREET ADDRESS	120 North G Street
34 CITY - ST - ZIP	Lake Worth, FL
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Valerie Hurley, Valerie Hurley** 4/18/96 407-586-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)