

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90074 013 ****61.25

DOCUMENT # 760907

1. Entity Name
**LAKEWOOD PARK/BEL-AIRE CITIZEN'S OBSERVATION
PATROL (C.O.P.) INC.**



Principal Place of Business

6312 E SEMINOLE RD
FORT PIERCE, FL 34951 US

Mailing Address

6312 E SEMINOLE RD
FORT PIERCE, FL 34951 US



04102004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2358728

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GRANT, DENN
6312 E SEMINOLE ROAD
FORT PIERCE, FL 34951

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KENNEDY, JAMES
STREET ADDRESS 7604 WINTER GARDEN PKWY
CITY - ST - ZIP FT PIERCE, FL 34951

TITLE SD
NAME KENNEDY, MARTHA
STREET ADDRESS 7604 WINTER GARDEN PKWY
CITY - ST - ZIP FORT PIERCE, FL 34951

TITLE D
NAME RADAR, RALPH
STREET ADDRESS 6601 DONLON ROAD
CITY - ST - ZIP FORT PIERCE, FL 34951

TITLE TREASURER
NAME GRANT, DENN
STREET ADDRESS 6312 E Seminole Rd
CITY - ST - ZIP Ft Pierce FL 34951

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Grant Denn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04

Date

772 461 1178

Daytime Phone #