

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90007 019 ****70.00

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1. Entity Name
**LAKELAND CITIZEN POLICE ACADEMY ALUMNI
ASSOCIATION, INC.**



Principal Place of Business
**LAKELAND POLICE DEPARTMENT
P.O. BOX 1904
LAKELAND, FL 33802**

Mailing Address
**LAKELAND POLICE DEPARTMENT
P.O. BOX 1904
LAKELAND, FL 33802**

40009905



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3152196

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TROLLER, JUSTIN
2274 HONEYCOMB LN
LAKELAND, FL 33801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

President

1/30/07

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	TROLLER, JUSTIN	
STREET ADDRESS	2274 HONEYCOMB LN	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	V	☐ Delete
NAME	HERBOLAHEIMER, SUSAN	
STREET ADDRESS	2210 S CRYSTAL LAKE DR	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	S	☒ Delete
NAME	SMITH, LINDA	
STREET ADDRESS	4927 STONECREST DR	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	T	☒ Delete
NAME	CHANDLER, ROBERT V	
STREET ADDRESS	800 CEDAR ROAD DRIVE S	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	D	☐ Delete
NAME	BLEILER, CARL	
STREET ADDRESS	923 RUBY STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	O'Neal, Jennifer	
STREET ADDRESS	4577 Williamstown Blvd.	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	D	☐ Change ☒ Addition
NAME	Miles, Wayne	
STREET ADDRESS	6301 Doe Circle E	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	☐ Change ☒ Addition
NAME	Munson, David	
STREET ADDRESS	1151 Longwood Oaks Blvd.	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	T	☒ Change ☐ Addition
NAME	Chandler, Robert V.	
STREET ADDRESS	750 Cedar Knoll Drive, 8.	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	☐ Change ☒ Addition
NAME	Herbolzheimer, Stacy	
STREET ADDRESS	3726 Cleveland Heights Blvd. #59	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	S	☐ Change ☒ Addition
NAME	Munson, Sharon	
STREET ADDRESS	1151 Longwood Oaks Blvd.	
CITY-ST-ZIP	Lakeland, FL 33811	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Robert W Chandler