2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003873

FILED Jul 01, 2009 Secretary of State

Entity Name: LAKELAND CITIZEN POLICE ACADEMY ALUMNI ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: LAKELAND POLICE DEPARTMENT 219 N MASSACHUESETTS AVE LAKELAND, FL 33802 **New Mailing Address: Current Mailing Address:** LAKELAND POLICE DEPARTMENT LCPAAA 219 N MASSACHUESETTS AVE PO BOX 1904 LAKELAND, FL 33802 LAKELAND, FL 33802 FEI Number: 59-3152196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MATLICK, MICHAEL 4976 STONECREST DR LAKELAND, FL 33813 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TROLLER, JUSTIN MARTIN, STAN Name: Name: 2274 HONEYCOMB LN Address: 621 LAUREL LANE Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33803 Title: () Delete Title: (X) Change () Addition HERBOLAHEIMER, SUSAN Name: TILLETT, ROBIN Name: Address: 2210 S CRYSTAL LAKE DR Address: 720 WOODARD STREET City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33803 Title: () Delete Title: (X) Change () Addition O'NEAL, JENNIFER DERK, RICHARD Name: Name: 4577 WILLIAMSTOWN BLVD Address: Address: 3125 NEW JERSEY RD City-St-Zip: LAKELAND, FL 33810 City-St-Zip: LAKELAND, FL 33803 Title: (X) Delete Title: () Change () Addition Name: MATLICK, MICHAEL Name: 4975 STONECREST DR Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: (X) Delete Title: () Change () Addition ROSSON, ELAINE Name: Name: 1533 JOE PL Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: (X) Delete Title: () Change () Addition CHANDLER, ROBERT V Name: Name: Address: 750 CEDAR KNOLL DR S Address: LAKELAND, FL 338092301 City-St-Zip: 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: RICHARD M DERK TRES 07/01/2009