



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90002 039 *****61.25

DOCUMENT # N03000003093					
1. Entity Name POLK COUNTY LAW ENFORCEMENT MEMORIAL FUND, INC.					
Principal Place of Business 700 WEST LIME STREET LAKELAND, FL			Mailing Address PO BOX 7836 LAKELAND, FL 33807		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, CRAIG C 125 WEST BRANNEN ROAD LAKELAND, FL 33813			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C	NAME LAWTON, M.L. <input type="checkbox"/> Delete		TITLE DIRECTOR	NAME LEPERE, BILL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 125 W. BRANNEN RD.	CITY-ST-ZIP LAKELAND, FL 33813		STREET ADDRESS 125 W. BRANNEN RD.	CITY-ST-ZIP LAKELAND, FL 33813	
TITLE T	NAME SMITH, CRAIG C <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 125 W. BRANNEN RD.	CITY-ST-ZIP LAKELAND, FL 33813		STREET ADDRESS 	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	NAME DOMBROWSKY, LYNN E <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 125 W. BRANNEN RD.	CITY-ST-ZIP LAKELAND, FL 33813		STREET ADDRESS 	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME JOHNSON, LINDA M <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 125 W. BRANNEN RD.	CITY-ST-ZIP LAKELAND, FL 33813		STREET ADDRESS 	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME CROW, LAWRENCE W JR. <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 125 W BRANNEN RD	CITY-ST-ZIP LAKELAND, FL 33813		STREET ADDRESS 	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME LEVINE, MARK E <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 125 W. BRANNEN RD.	CITY-ST-ZIP LAKELAND, FL 33813		STREET ADDRESS 	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			M. L. LAWTON, CHAIRMAN 03/07/2006 863-535-1951		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

