


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90104 034 \*\*\*\*61.25

<b>DOCUMENT # N03000003093</b>					
<b>1. Entity Name</b> POLK COUNTY LAW ENFORCEMENT MEMORIAL FUND, INC.					
<b>Principal Place of Business</b> 700 WEST LIME STREET LAKELAND, FL			<b>Mailing Address</b> PO BOX 7836 LAKELAND, FL 33807		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 02-0689163	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SMITH, CRAIG C 125 WEST BRANNEN ROAD LAKELAND, FL 33813			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> C	<b>NAME</b> LAWTON, M.L.	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 125 W. BRANNEN RD.	CITY-ST-ZIP LAKELAND, FL 33813				
<b>TITLE</b> T	<b>NAME</b> SMITH, CRAIG C	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 125 W. BRANNEN RD.	CITY-ST-ZIP LAKELAND, FL 33813				
<b>TITLE</b> S	<b>NAME</b> DOMBROWSKY, LYNN E	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 125 W. BRANNEN RD.	CITY-ST-ZIP LAKELAND, FL 33813				
<b>TITLE</b> D	<b>NAME</b> WENDEL, ANN-MARIE	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 125 W. BRANNEN RD.	CITY-ST-ZIP LAKELAND, FL 33813				
<b>TITLE</b> D	<b>NAME</b> CROW, LAWRENCE W JR.	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 125 W BRANNEN RD	CITY-ST-ZIP LAKELAND, FL 33813				
<b>TITLE</b> D	<b>NAME</b> LEVINE, MARK E	<input type="checkbox"/> Delete			
<b>STREET ADDRESS</b> 125 W. BRANNEN RD.	CITY-ST-ZIP LAKELAND, FL 33813				
<b>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.</b>					
<b>SIGNATURE:</b> _____		M.L. LAWTON, Chairman		04/18/08 863-535-1951	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	