

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003093

FILED
Apr 07, 2009
Secretary of State

Entity Name: POLK COUNTY LAW ENFORCEMENT MEMORIAL FUND, INC.

Current Principal Place of Business:

700 WEST LIME STREET
LAKELAND, FL

New Principal Place of Business:

700 WEST LIME STREET
LAKELAND, FL 33801 FL

Current Mailing Address:

PO BOX 7836
LAKEALAND, FL 33807

New Mailing Address:

PO BOX 7836
LAKELAND, FL 33807

FEI Number: 02-0689163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CRAIG C
125 WEST BRANNEN ROAD
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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:

Title: C () Delete
Name: LAWTON, M.L.
Address: 125 W. BRANNEN RD.
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: SMITH, CRAIG C
Address: 125 W. BRANNEN RD.
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: DOMBROWSKY, LYNN E
Address: 125 W. BRANNEN RD.
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: WENDEL, ANN-MARIE
Address: 125 W. BRANNEN RD.
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: CROW, LAWRENCE W JR.
Address: 125 W BRANNEN RD
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: LEVINE, MARK E
Address: 125 W. BRANNEN RD.
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: M. L. LAWTON

C

04/07/2009

Electronic Signature of Signing Officer or Director

Date