2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2005 8:00 am Secretary of State

DOCUMENT # N0400001469 1. Entity Name LAKE COUNTY POLICE CHARITIES, INC.						0	2-25-2005	90150 02	5 ****61	.25	
Principal Place of Business 1635 E. ALFRED STREET UNIT 6 TAVARES, FL 32778 US Mailing Address P.O. BOX 928 TAVARES, FL 3277								DIN 8 DIN 86481 118	1 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 81 81 188 1	
2. Principal Pl	ace of Business 3.	Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02172005 _C	hg-NP	CR2E03	7 (10/03)		
City & State		City & State				4. FEI Number	90J	 58		plied For t Applicable	
Zip	Country	Zip	Cou	Country		5. Certificate of S			8.75 Add ee Required		
	6. Name and Address of Current Regis	tered Agent				7. Name and Add	ress of New	Registered A	gent		
	1005511			Name							
LENAHAN, JOSEPH L 1635 E. ALFRED STREET UNIT 6				Street Ad	Idress (F	P.O. Box Number is	Not Acceptab	le)			
TAVARES,	FL 32778										
				City		FL Zip Code					
	named entity submits this statement for the lons of registered agent.	ourpose of changing its	registere	ed office or i	register	ed agent, or both, in	the State of F	Florida. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and title	if applicable (NOT	r. p					0.15			
		**************************************	E: Registere	ici Agent signatun	re required	when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Car Trust Fund (mpaign F	inancing		\$5.00 May Be Added to Fees		Make check orlda Depart			
10.	Filing Fee is \$61.25	9. Election Car Trust Fund (mpaign F	Financing [\$5.00 May Be	Flo	Make check orlda Depart	ment of St	ate	
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Car Trust Fund (mpaign F Contribut	Financing ion.		\$5.00 May Be Added to Fees	Flo	Make check orlda Depart	ment of St	ate	
TITLE	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT	9. Election Car Trust Fund (mpaign F Contributi 11. TITLE NAM STRE	Financing ion.		\$5.00 May Be Added to Fees	Flo	Make check orlda Depart	ment of St	10	
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT PD LENAHAN, JOSEPH L 1635 E. ALFRED STREET, UNIT 6 TAVARES, FL 32778 VPSD HOHENSTIEN, JAMES F 1635 E. ALFRED STREET, UNIT 6	9. Election Car Trust Fund (TIPLE NAME STREET	E E E E E E E E E E E E E E E E E E E		\$5.00 May Be Added to Fees	Flo	Make check orlda Depart	ment of St	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT PD LENAHAN, JOSEPH L 1635 E. ALFRED STREET, UNIT 6 TAVARES, FL 32778 VPSD HOHENSTIEN, JAMES F 1635 E. ALFRED STREET, UNIT 6 TAVARES, FL 32778 VPTD PETERSON, M.W. "PETE"	9. Election Car Trust Fund (DRS	TIPLE TITLE NAME STREE CITY	E E E E E E E E E E E E E E E E E E E		\$5.00 May Be Added to Fees	Flo	Make check orlda Depart	ment of St	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT PD LENAHAN, JOSEPH L 1635 E. ALFRED STREET, UNIT 6 TAVARES, FL 32778 VPSD HOHENSTIEN, JAMES F 1635 E. ALFRED STREET, UNIT 6 TAVARES, FL 32778 VPTD PETERSON, M.W. "PETE" 1635 E. ALFRED STREET, UNIT 6	9. Election Car Trust Fund (TIPLE NAMES STREET CITY TITLE NAMES STREET CITY NAMES STREET	E E E E E E E E E E E E E E E E E E E		\$5.00 May Be Added to Fees	Flo	Make check orlda Depart	ECTORS IN Change Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRECT PD LENAHAN, JOSEPH L 1635 E. ALFRED STREET, UNIT 6 TAVARES, FL 32778 VPSD HOHENSTIEN, JAMES F 1635 E. ALFRED STREET, UNIT 6 TAVARES, FL 32778 VPTD PETERSON, M.W. "PETE" 1635 E. ALFRED STREET, UNIT 6	9. Election Car Trust Fund (TIPLE NAMES STREET CITY TITLE NAMES STREET NA	E E E E E ADDRESSS1-ZIP E E E E E ADDRESSS1-ZIP E E E E E E E ADDRESSS1-ZIP E E E E E E E E E E E E E E E E E E E		\$5.00 May Be Added to Fees	Flo	Make check orlda Depart	Change Change	10 Addition Addition	

• Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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:

SKINATURE AND THE OFFERENCE NAME OF SKINING OFFICER OR DIRECTOR

9/18/05

559.2530978