2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N04000001469

Entity Name: LAKE COUNTY POLICE CHARITIES, INC.

Current Principal Place of Business:

1635 E. ALFRED STREET
UNIT 6
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 928
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 41-2120758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG, FL 34748 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: PD ( ) Delete
Name: PETERSON, M.W.
Address: P.O. BOX 1050
City-St-Zip: TAVARES, FL 32778 US

Title: V ( ) Delete
Name: PETERSON, BRIAN
Address: 11039 PINE ST.
City-St-Zip: LEESBURG, FL 34788

Title: T ( ) Delete
Name: PETERSON, DEBBIE
Address: 11039 PINE ST.
City-St-Zip: LEESBURG, FL 34788

Title: S ( ) Delete
Name: PETERSON, VINCENT
Address: 32702 BLOSSOM LANE
City-St-Zip: LEESBURG, FL 34788

Title: RPTR ( ) Delete
Name: WHITWORTH, BOB
Address: 1635 E. ALFRED STREET
City-St-Zip: TAVARES, FL 32778 US

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:

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.W. PETERSON P 01/25/2009
Electronic Signature of Signing Officer or Director — Date