

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001469

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** LAKE COUNTY POLICE CHARITIES, INC.

**Current Principal Place of Business:**

921 E. ALFRED STREET  
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  
Name: PETERSON, BRIAN  
Address: P.O. BOX 1050  
City-St-Zip: TAVARES, FL 32778 US

Title: V  
Name: PETERSON, VINCENT  
Address: 32730 BLOSSOM LANE  
City-St-Zip: LEESBURG, FL 34788

Title: T  
Name: PETERSON, DEBBIE  
Address: 921 E ALFRED STREET  
City-St-Zip: TAVARES, FL 32778

Title: S  
Name: PETERSON, DEBBIE  
Address: 921 E ALFRED ST  
City-St-Zip: TAVARES, FL 32778

Title: RPTR  
Name: WHITWORTH, BOB  
Address: 921 E. ALFRED STREET  
City-St-Zip: TAVARES, FL 32778 US

I hereby 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 all other like empowered.

SIGNATURE: BRIAN PETERSON

PD

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date