## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000001240

FILED Aug 13, 2009 Secretary of State

Entity Name: THE LAW ENFORCEMENT MEMORIAL FAMILY CRISIS FUND, INC.

**Current Principal Place of Business: New Principal Place of Business:** 721 N.W. 6TH STREET 3515 NW 39TH LANE GAINESVILLE, FL 32601 GAINESVILLE, FL 32605 **Current Mailing Address: New Mailing Address:** 721 N.W. 6TH STREET 3515 NW 39TH LANE GAINESVILLE, FL 32601 GAINESVILLE, FL 32605 FEI Number: 26-1968469 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISHER, JAMES 3515 N.W. 39TH LANE GAINESVILLE, FL 32605 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete FISHER, JAMES BURNETT, WHITNEY Name: Name: 3512 N.W. 39TH LANE Address: 2621 SE HAWTHORNE ROAD Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32641 Title: () Delete Title: (X) Change ( ) Addition KNEZEVICH, MICHAEL BURNETT, WHITNEY Name: Name: Address: 2621 S.E. HAWTHORNE ROAD Address: 6037 NW 115TH PLACE City-St-Zip: GAINESVILLE, FL 32641 City-St-Zip: ALACHUA, FL 32615 Title: () Delete Title: (X) Change ( ) Addition REEDY, JENNIFER REEDY, JENNIFER Name: Name: 5221 S.E. 107TH STREET 1216 SW 2ND AVENUE, #137 Address: Address: City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: GAINESVILLE, FL 32601 (X) Change ( ) Addition Title: () Delete Title: Name: FISHER, CATHY Name: FISHER, CATHY 2023 N.W. 76TH PLACE Address: Address: 3515 NW 39TH LANE City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: GAINESVILLE, FL 32605 Title: () Delete Title: ( ) Change (X) Addition DURST, TIMOTHY Name: Name: Address: Address: POBOX 358983 City-St-Zip: City-St-Zip: GAINESVILLE, FL 32635 Title: () Delete Title: ( ) Change (X) Addition FISHER, JAMES Name: Name: Address: Address: 3515 NW 39TH LANE GAINESVILLE, FL 32605 City-St-Zip: 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: CATHY FISHER T 08/13/2009