2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2012
Secretary of State

DOCUMENT# N08000001240

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

Current Principal Place of Business:

3515 NW 39TH LANE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

3515 NW 39TH LANE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 26-1968469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FISHER, JAMES
3515 N.W. 39TH LANE
GAINESVILLE, FL 32605 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: DURST, TIMOTHY
Address: PO B OX 358983
City-St-Zip: GAINESVILLE, FL 32635

Title: D
Name: OWENS, CHARLES
Address: 2503 NW 50TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: HARRISON, THOMAS
Address: 2801 NW 23RD BLVD, #W153
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: LYNCH, MICHAEL
Address: 725 NW 13TH STREET #2106
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: KNEZEVICH, MICHAEL
Address: 6037 NW 115TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: T
Name: FISHER, CATHY
Address: 3515 NW 39TH LANE
City-St-Zip: GAINESVILLE, FL 32605

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: CATHY FISHER T 03/06/2012

Electronic Signature of Signing Officer or Director Date