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FILED
Jul 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15084 (9)

1. Corporation Name

STATE OF FLORIDA, LADIES AUXILIARY, FRATERNAL OR
DER OF POLICE, INC.

Principal Place of Business

Mailing Address

2212 PALM TREE DR.
PUNTA GORDA FL 33950

2212 PALM TREE DR.
PUNTA GORDA FL 33950-5008



2. Principal Place of Business

21 3951 LAURELWOOD DR.

2a. Mailing Address

26 3951 LAURELWOOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FLA.

City & State

28 JACKSONVILLE, FLA.

Zip

24 32257

Country

Zip

29 32257

Country

30

3. Date Incorporated or Qualified

05/23/1986

3a. Date of Last Report

02/26/1996

4. FEI Number

59-3612110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WESTLAKE, MARY
2212 PALM TREE DRIVE
PUNTA GORDA FL 33950

81 Name

ELAINE GLADDEN

82 Street Address (P.O. Box Number is Not Acceptable)

3951 LAURELWOOD DR.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32257

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ELAINE GLADDEN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-15-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME WIGGINS, ALEIDA
STREET ADDRESS 525 S.W. 2ND AVE
CITY-ST-ZIP LAKE BUTLER FL 32054

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME WESTLAKE, MARY
STREET ADDRESS 2212 PALM LAKE DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ELAINE GLADDEN
2.3 STREET ADDRESS 3951 LAURELWOOD DR.
2.4 CITY-ST-ZIP JACKSONVILLE, FLA. 32257

TITLE TD ☐ DELETE
NAME BIVENS, CAUNEY
STREET ADDRESS 1103 LONGWOOD OAKS BLVD
CITY-ST-ZIP LAKELAND FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME PATTI MEYNE
3.3 STREET ADDRESS STAR AVE. 2 Box 164
3.4 CITY-ST-ZIP SATSUMA, FLA. 32189

TITLE VD ☐ DELETE
NAME VOGEL, MINERVA
STREET ADDRESS 5101 ALMAR DR.
CITY-ST-ZIP PUNTA GORDA FL 33950

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME JEAN ANDREU
4.3 STREET ADDRESS 456 TORRINGTON ST.
4.4 CITY-ST-ZIP PORT CHARLOTTE, FLA. 33954

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)