

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # N15084

(9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

3951 LAURELWOOD DR
JACKSONVILLE FL 32257
US

3951 LAURELWOOD DR
JACKSONVILLE FL 32257
US

3. Date Incorporated or Qualified

05/23/1986

4. FEI Number

59-3612110

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 456 Torrington St.

Suite, Apt. #, etc.

22 City & State

23 Pt. Charlotte, Florida

24 Zip

25 33954

Country

26 USA

26 456 Torrington St.

Suite, Apt. #, etc.

27 City & State

28 Pt. Charlotte, FL

29 Zip

30 33954

Country

31 USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No N/A

9. Name and Address of Current Registered Agent

GLADDEN, ELAINE
3951 LAURELWOOD DR
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

Jean Andreu

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

456 Torrington Street

83

84 City

Pt. Charlotte

FL

85 Zip Code

33954

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: Jean Andreu Vice President/Secretary DATE: 8-1-98

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

(NOTE: Registered agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE SD
NAME GLADDEN, ELAINE
STREET ADDRESS 3951 LAURELWOOD DR
CITY-ST-ZIP JACKSONVILLE FL
☐ DELETE

TITLE TD
NAME MEYNE, PATTI
STREET ADDRESS STAR RT 2 BOX 164
CITY-ST-ZIP SATSUMA FL
☐ DELETE

TITLE VD
NAME ANDREW, JEAN
STREET ADDRESS 456 TORRINGTON ST
CITY-ST-ZIP PT CHARLOTTE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Gladden, Elaine
1.3 STREET ADDRESS 3951 Laurelwood Drive
1.4 CITY-ST-ZIP Jacksonville, Florida 32257
☒ Change ☐ Addition

2.1 TITLE SD Vice President/Secretary
2.2 NAME Jean Andreu
2.3 STREET ADDRESS 456 Torrington St.
2.4 CITY-ST-ZIP Pt. Charlotte, FL 33954
☒ Change ☐ Addition

3.1 TITLE Treasurer
3.2 NAME Patti Meyne
3.3 STREET ADDRESS HC Rt. 2, Box 164
3.4 CITY-ST-ZIP Satsuma, FL 32189
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

14. I 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.

SIGNATURE: Jean Andreu JEAN ANDREU DATE: 8-1-98 941-743-0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)