

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90016 025 ****61.25

0061933

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15084

1. Corporation Name

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

Principal Place of Business

456 TORRINGTON ST
PT. CHARLOTTE FL 33954
US

Mailing Address

456 TORRINGTON ST
PT. CHARLOTTE FL 33954
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

05/23/1986

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

9. Name and Address of Current Registered Agent

ANDREU, JEAN
456 TORRINGTON ST
PT. CHARLOTTE FL 33954

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GLADDEN, ELAINE
STREET ADDRESS 3951 LAURELWOOD DR
CITY-ST-ZIP JACKSONVILLE FL 32257
 DELETE

TITLE TD
NAME MEYNE, PATTI
STREET ADDRESS HC RT. 2, BOX 164
CITY-ST-ZIP SATSUMA FL 32189
 DELETE

TITLE SVSD
NAME ANDREW, JEAN
STREET ADDRESS 456 TORRINGTON ST
CITY-ST-ZIP PT. CHARLOTTE FL 33954
 DELETE

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

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-99
Date

941-743-0006
Daytime Phone #

CR2E037 (1/198)