

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38286 (3)

1. Corporation Name

**LAKE COUNTY FRATERNAL ORDER OF POLICE, LODGE #14
2, INC.**



Principal Place of Business

Mailing Address

~~34020 LEE AVENUE
LEESBURG FL 34788~~

**34020 LEE AVENUE
LEESBURG FL 34788**

3. Date Incorporated or Qualified
05/23/1990

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 8839 CR 44

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 Leesburg, FL

28

Zip

Country

24 34788

25 USA

Zip

Country

29

30

4. FEI Number

59-3037961

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

**JOHNSON, CHARLES D.
907 WEBSTER STREET
LEESBURG FL 32748**

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 **DV** ☐ DELETE
NAME **MOORE, GEORGE**
STREET ADDRESS **19733 BAKER RD**
CITY-ST-ZIP **UMATILLA FL**

TITLE **DP** ☐ DELETE
NAME **TREON, EDWARD**
STREET ADDRESS **34020 LEE AVENUE**
CITY-ST-ZIP **LEESBURG FL**

TITLE **DV** ☒ DELETE
NAME **TREON, GREG**
STREET ADDRESS **1204 DORA AVE**
CITY-ST-ZIP **TAVARES FL**

TITLE **D** ☒ DELETE
NAME **WATERMAN, GLENN A**
STREET ADDRESS **1018 CLARA AVE**
CITY-ST-ZIP **TAVARES FL**

TITLE **T** ☐ DELETE
NAME **LENAHAN, JOSEPH L**
STREET ADDRESS **323 SINCLAIRE AVE**
CITY-ST-ZIP **TAVARES FL**

TITLE **S** ☐ DELETE
NAME **MARDEN, DAVID L**
STREET ADDRESS **30925 SEALINE DR**
CITY-ST-ZIP **LEESBURG FL**

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 **DV**
3.3 STREET ADDRESS **COVELL, Frank**
3.4 CITY-ST-ZIP **456 S. Central Avenue
Umatilla, FL 32784**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **HOMES, William D.**
4.4 CITY-ST-ZIP **1135 Ben More Drive
Leesburg, FL 34748**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

Date

Daytime Phone #

CR2E037 (12/95)