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NONPROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

N38286

(3)

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

FILED Feb 19 1997 8:00am Secretary of State

| i ibania, ba | | | |
|--------------|--|--|--|

| 2, ,,,,, | • | | | | |
|---|--|--|--|---|--|
| Principal Place | e of Business | Mailing Address | | i raakist aan hide idrid hiddi sa | iles alle meste siste minte biner hinet senie enbe |
| 34020 LEE AVE | | 34020 LEE AVENUE LEESBURG FL 34788-4626 | | · | |
| 2839 | C.R. 44 | PO BOX 105 | 'ව | | |
| LEESG | 1029, FL. 34748 | TAVARES, FL | 32778 | 3. Date incorporated or Qualifie 05/23/1990 | d 3a. Date of Last Report 03/07/1996 |
| 2. Principal P | Place of Business | 28. Malling Address | 1020 | 4. FEI Number 59-3037961 | Applied For Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | SBURG, FL | City & State 28 TAUARES | FL | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 3 <u>(E.C.</u> | Country | Zip | Country | ······································ | or intengible tax under 8, 199,032, |
| 34 | | ?a? | ຫ ບŚA | Florida Statutes | Yes K No |
| <u> </u> | 9. Name and Address of Curren | | | 10. Name and Address of New | |
| | | | 81 Nam | 9 | |
| JOHNSO | on, Charles D. | | 82 Stree | t Address (P.O. Box Number is Not Accep | tehia) |
| | BSTER STREET | | 12 0., 50 | - Control of the control of the control of | 140-07 |
| LEESBU | JRG FL 32748 | | 63 | | |
| | | | 84 City | | 65 Zip Code |
| | | | | | FL |
| 11. Pursuant | to the provisions of Sections 617,050 | 2 and 617.1508, Florida Statute | s, the above-name | d corporation submits this statement for th | e purpose of changing its registered |
| office or r | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change was au ations of Section 617,0503. Flor | uthorized by the co ida Statutes. | d corporation submits this statement for the orporation's board of directors. I hereby ac | cept the appointment as registered |
| | an lammar vital, and decopt the congr | arong 01, 0000011 011.0000, 1101 | raa (raaaro). | | |
| SIGNATURE . | Signature, typed or printed name of registered age | nt and tille if applicable. (NOTE: | Registered Agent signat | re required when reinstating) | DATE |
| 12. | OFFICERS ANI | | 13. | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTORS IN 12 |
| ITLE | DV | ☐ DELETE | 1.1 TITLE | | Change Addition |
| IAME | MOORE, GEORGE | | 1.2 NAME | | |
| STREET ADDRESS | 19733 BAKER RD - ₽- 6 | e x 5∃5 | 1.3 STREET ADDRES | 3 [| |
| CITY-ST-ZiP | UMATILLA FL | | 1.4 CITY-ST-ZIP | | <u> </u> |
| TITLE | DP | DELETE | 2.1 TITLE | PRESIPENT | Change |
| NAME | TRÈON, EDWARD | | 2.2 NAME | GLEN WATERMAN | |
| STREET ADDRESS | 34020 DEE AVENUE | | 23 STREET ADDRES | 1018 CLARA AU. | • |
| CITY-ST-ZIP | LEESBURG FL | | 2. 4 CITY-ST-ZIP | TAVARES FL 327 | 76 |
| TITLE | MD. | DELETE | 3.1 TITLE | AND V-PRES. | Change Addition |
| NAME | COVELL, FRANK | | 32 NAME | JERRY FREMEAU | |
| STREET ADDRESS | 456 SOUTH CENTRAL AVEN | UE | 3.3 STREET ADDRES | 35108 KINDSIPE C | ₹. |
| CITY-ST-ZIP | UMATILLA PL | | 3.4. CITY-ST-ZIP | LEES BURS FC 3 | 4788 |
| TITLE | 0 | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOMES, WILLIAM D | | 4. 2 NAME | 1 | |
| STREET ADDRESS | 1135 BEN MORE DRIVE | | 4.3 STREET ADDRES | s | |
| CITY - ST - ZIP | LESSBURG FL | | 4.4 CITY-ST-2IP | Ì | |
| TITLE | T T | | | | Change Addition |
| | ! | DELETE | 5.1 TITLE | | C CHARGO C POURIO |
| NAME | LENAHAN, JOSEPH L | ☐ DELETE | | | Li ciraispe Lii Accaro |
| | LENAHAN, JOSEPH L 323 SINCLAIRE AVE | ☐ DELETE | 5.1 TITLE | 5 | C) Dhaige C) Accino |
| STREET ADDRESS | | ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES | 5 | C clarge C Action |
| STREET ADDRESS CITY-ST-ZIP | 323 SINCLAIRE AVE | ☐ DELETE | 5.1 TITLE 5.2 NAME | | Change ☐ Additio |
| CITY-ST-ZIP TITLE | 323 SINCLAIRE AVE TAVARES FL \$ | | 5.1 TITLE 5.2 NAME 5.3 STREEY ADDRES 5.4 CITY - ST - ZIP | 286 | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 323 SINCLAIRE AVE TAVARES FL | | 5.1 TITLE 5.2 NAME 5.3 STREEY ADDRES 5.4 CITY-ST-ZIP 6.1 TITLE | SHEIG BAKER | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | 323 SINCLAIRE AVE TAVARES FL S MARDEN, DAVID L | | 5.1 TITLE 5.2 NAME 5.3 STREEY ADDRES 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | SHEIG BAKER | |

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 by on an attachment with projectors.

SIGNATURE:

OUTIPEDENT L LENALYW 1/13/97 351-300-6530