

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90053 050 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N38286**

1. Corporation Name

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

Principal Place of Business

8839 C.R. 44  
 LESSBURG FL 34748  
 US

Mailing Address

P.O. BOX 1050  
 TAVARES FL 32778  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/23/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3037961	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GEORGE	1.2 NAME	LENAHAN, JOSEPH L
STREET ADDRESS	19733 BAKER RD	1.3 STREET ADDRESS	14915 OLD HY 441
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP	TAVARES FL 32778
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERMAN, GLEN	2.2 NAME	Schreiber, Vanessa C.
STREET ADDRESS	1018 CLARA AVE.	2.3 STREET ADDRESS	PO BOX 895091
CITY-ST-ZIP	TAUDRES FL	2.4 CITY-ST-ZIP	Leesburg, FL 34789-5091
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRÉMEAU, JERRY	3.2 NAME	McDonald Jack E
STREET ADDRESS	35108 RIVERSIDE COURT	3.3 STREET ADDRESS	28015 S.R. 46
CITY-ST-ZIP	LESSBURG FL	3.4 CITY-ST-ZIP	Somerset FL 32776
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMES, WILLIAM D	4.2 NAME	BECK, GAYLE R.
STREET ADDRESS	1135 BEN MORE DRIVE	4.3 STREET ADDRESS	2816 CARTER JONES RD.
CITY-ST-ZIP	LESSBURG FL	4.4 CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENAHAN, JOSEPH L	5.2 NAME	M. W. PETERSON
STREET ADDRESS	323 SINCLAIRE AVE, P O BOX 928	5.3 STREET ADDRESS	32702 BLOSSOM LAKE
CITY-ST-ZIP	TAVARES FL	5.4 CITY-ST-ZIP	LESSBURG FL 34788
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, SHEILA	6.2 NAME	BAKER, SHEILA
STREET ADDRESS	544 E 11TH AVE.	6.3 STREET ADDRESS	544 E 11TH AV
CITY-ST-ZIP	MT. DORA FL	6.4 CITY-ST-ZIP	Mount Dora, FL 32757

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:

*Sheila C Baker* 1-12-98 742-6200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)