2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38286

FILED Feb 23, 2005 Secretary of State

Entity Name: LAKE COUNTY FRATERNAL ORDER OF POLICE, LODGE #142, INC.

Current Principal Place of Business: New Principal Place of Business:

1659 E ALFRED ST. TAVARES, FL 32778 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1050

TAVARES, FL 32778 US

FEI Number: 59-3037961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, CHARLES D 907 WEBSTER STREET LEESBURG, FL 32748 US

OFFICERS AND DIRECTORS:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Name:

Address:

City-St-Zip:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

LENAHAN, JOSEPH L LENAHAN, JOSEPH L Name: Name: 14915 OLD HY 441 #27 Address: 14915 OLD HY 441 #27 Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: TAVARES, FL 32778 US

Title: Title: (X) Change () Addition () Delete

SCHRELBER, VANEESE C Name: MCDONALD, JACK E Name: Address: P.O. BOX 895091 Address: 28015 SR 46

City-St-Zip: LEESBURG, FL 347895091 City-St-Zip: SORRENBY, FL 32776 US

Title: () Delete Title: (X) Change () Addition MCDONALD, JACK E BAKER, MICHAEL Name: Name:

1659 E. ALFRED STREET Address: 28015 SR 46 Address: City-St-Zip: SORRENBY, FL 32776 City-St-Zip: TAVARES, FL 32778 US

Title: () Delete Title: (X) Change () Addition JOHENSTEIN, JAMES F Name: JOHENSTEIN, JAMES F Name:

Address: P.O. BOX 536, BRIDGES RD. Address: P.O. BOX 536, BRIDGES RD. City-St-Zip: OKAHUMPKA, FL 34762 City-St-Zip: OKAHUMPKA, FL 34762 US

Title: () Delete Title: (X) Change () Addition

PETERSON, M.W. PETERSON, PETE Name: Name: 32702 BLOSSOM LANE 32702 BLOSSOM LANE Address: Address: City-St-Zip: LEESBURG, FL 34788 City-St-Zip: LEESBURG, FL 34788 US

Title: (X) Delete Title: () Change () Addition

BAKER, SHEILA Name: 544 E. 11TH AVE. Address: MT. DORA, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH L. LENAHAN Ρ 02/23/2005