

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90369 030 \*\*\*\*61.25

**DOCUMENT # N38286**



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

Principal Place of Business

**1659 E ALFRED ST.  
TAVARES FL 32778  
US**

Mailing Address

**P.O. BOX 1050  
TAVARES FL 32778  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3037961**

Applied For  
Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **LEAHAN, JOSEPH L**  
STREET ADDRESS **14915 OLD HWY 441**  
CITY-ST-ZIP **TAURES FL 32775**  
*CORRECTION*

TITLE **P** ☒ Change ☐ Addition  
NAME **LEAHAN, JOSEPH L**  
STREET ADDRESS **14915 OLD HWY 441 # 27**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **VP** ☐ Delete  
NAME **SCHRELBER, VANESE C**  
STREET ADDRESS **P.O. BOX 895091**  
CITY-ST-ZIP **LEESBURG FL 34789-5091**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **MCDONALD, JACK E**  
STREET ADDRESS **28015 SR 46**  
CITY-ST-ZIP **SORRENBY FL 32776**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **JOHENSTEIN, JAMES F**  
STREET ADDRESS **P.O. BOX 536, BRIDGES RD.**  
CITY-ST-ZIP **OKAHUMPKA FL 34762**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **PETERSON, M.W.**  
STREET ADDRESS **32702 BLOSSOM LANE**  
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **BAKER, SHEILA**  
STREET ADDRESS **544 E. 11TH AVE.**  
CITY-ST-ZIP **MT. DORA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* Pres. 1/21/03 352-519-6894

CR2E037 (10/02)