

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90031 006 \*\*\*\*61.25

**DOCUMENT # N93000002315**

1. Entity Name  
**LAKELAND LAW ENFORCEMENT CHAPLAINCY CORPS,  
INC.**



Principal Place of Business  
**219 N MASSACHUSETTS AVE  
LAKELAND, FL 33801 US**

Mailing Address  
**219 N MASSACHUSETTS AVE  
LAKELAND, FL 33801 US**

**40046267**



04042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3232578**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBSON, CHARLES E.  
219 N. MASSACHUSETTS AVENUE  
LAKELAND, FL 33801**

Name  
**Charles Dormer**

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

**219 N. Massachusetts Avenue**

City  
**Lakeland**

FL

Zip Code  
**33801**

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

*Charles Dormer*

**April 4, 2006**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Charles Dormer, Treasurer/Director**

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HARVEY, DANIEL  
4818 LEISUREWOOD LANE  
LAKELAND, FL 33811** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
JACOBSON, CHARLES E  
219 N MASSACHUSETTS AVENUE  
LAKELAND, FL 33801** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**This position (Secretary)  
is not currently filled.** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STARLING, CAROL ANN M  
6121 CHRISTINA DR W  
LAKELAND, FL 33813** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
DORMER, CHARLES  
219 N MASSACHUSETTS AVE  
LAKELAND, FL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SIEGEL, ROBERT G  
8805 TOM COSTRINE ROAD  
LAKELAND, FL 33809** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KERSEY, MARILYN  
615 PALMORE COURT  
LAKELAND, FL 33813** ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Charles Dormer*  
**CHARLES DORMER**

**April 4, 2006 863-834-6909**

Date

Daytime Phone #