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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729072** (9)

1. Corporation Name

FRATERNAL ORDER OF POLICE, GATOR LODGE 67, INC.

Principal Place of Business

Mailing Address

**3301 NORTH MAIN TERR
GAINESVILLE FL 32609**

**3301 NORTH MAIN TERR
GAINESVILLE FL 32609**

3. Date Incorporated or Qualified

03/15/1974

4. FEI Number

23-7297965

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOBIN, HARRIS, A
234 S MAIN ST
GAINESVILLE FL 32602**

81 Name **KENNY MACK**

82 Street Address (P.O. Box Number is Not Acceptable)
12105 Millhopper Rd.

83

84 City **Gainesville**

FL

85 Zip Code **32653-2727**

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 **Kenny Mack**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/15/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **S RUBY, LARRY**
STREET ADDRESS **8404 NW 56TH PLACE**
CITY - ST - ZIP **GAINESVILLE, FL 00000**

TITLE ☐ DELETE
NAME **P SUERETH, DONNA**
STREET ADDRESS **609 84TH STREET**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME **V WEAVER, STEPHEN**
STREET ADDRESS **721 NW 6TH STREET**
CITY - ST - ZIP **GAINESVILLE FL 32602**

TITLE ☐ DELETE
NAME **D CREWS, LEE M**
STREET ADDRESS **2101 SE 41ST AVE**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME **TD EZELL, BILL**
STREET ADDRESS **1215 NW 3RD PL**
CITY - ST - ZIP **NEWBERRY FL**

TITLE ☐ DELETE
NAME **D MACK, KENNY**
STREET ADDRESS **12105 N.W. 63RD. BLVD.**
CITY - ST - ZIP **GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE: **Kenny Mack**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/15/98**

Date

Daytime Phone # **0011288**

CR2E037 (10/97)