

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22 1996 8:00 am  
Secretary of State

DOCUMENT # 729819 (3)

1. Corporation Name

FRATERNAL ORDER OF POLICE-H.J. YOUNGBLOOD LODGE NO. 65, INC.

Principal Place of Business

Mailing Address

LOGAN ROAD  
YULEE FL 32097  
US

6336 GRAVES STREET  
JACKSONVILLE FL 32210



3. Date Incorporated or Qualified 06/03/1974  
3a. Date of Last Report 01/27/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2403368		Applied For	
21		26				Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

DELEGAL, T A  
530 WASHINGTON ST.  
JACKSONVILLE FL 32202

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST LANGDALE, E J JR. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6336 GRAVES STREET	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D KEMP, ROY G <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2601 ATLANTIC AVE	2.2 NAME	HUTTO, CECIL R
STREET ADDRESS	FERNANDIANA BCH FL	2.3 STREET ADDRESS	2251 SUSAN DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	D KITCHENS, GLENN E JR. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1306 BROOME ST	3.2 NAME	PENNY, GARY L SR.
STREET ADDRESS	FERNANDINA BEACH FL	3.3 STREET ADDRESS	4226 MC ARTHUR ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	V GEARIS, SCOTT A <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	55 SKY LANE	4.2 NAME	SYLVESTER, ROBERT W
STREET ADDRESS	YULEE FL	4.3 STREET ADDRESS	488 MYRTICE ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	YULEE FL 32097
TITLE	D WAAS, GLYNN S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1118 S. 9TH ST.	5.2 NAME	TAYLOR, JOE K
STREET ADDRESS	FERNANDINA BCH. FL	5.3 STREET ADDRESS	ROUTE 3 BOX 1264
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	P VEALE, GLEN C <input checked="" type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 N 14TH ST. PL.	6.2 NAME	HALL, JOHNNIE L SR
STREET ADDRESS	FERNANDINA BEACH FL	6.3 STREET ADDRESS	ROUTE 3 BOX 641-7
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CALLAHAN FL 32011

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*E. J. Langdale Jr.*

E. J. LANGDALE JR. 2-15-96 (904)771-4596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)