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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Mar 03 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729819

CALLAHAN FL

CITY-ST-ZIP

(3)

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

Principal Place of Business Mailing Address 6336 GRAVES STREET Logan Road YULEE FL 32097 JACKSONVILLE FL 32210-7272 3. Date Incorporated or Qualified 06/03/1974 02/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2403368 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DELEGAL, T A Street Address (P.O. Box Number is Not Acceptable) 82 530 WASHINGTON ST. 83 JACKSONVILLE FL 32202 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change Addition TITLE 1.1 TITLE LANGDALE, E J JR. NAME 1.2 NAME **6336 GRAVES STREET** STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change D ☐ Addition TITLE 21 TITLE HUTTO, CECIL R. NAME 2.2 NAME 2251 SUSAN DRIVE STREET ADDRESS 2.3 STREET ADDRESS FERNANDINA BEACH F DITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PENNY, GARY L. SR. NAME 3.2 NAME 4226 MC ARTHUR STREET STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE SYLVESTER, ROBERT W. 4. 2 NAME NAME **488 MYRTICE ROAD** STREET ADDRESS 4.3 STREET ADDRESS YULEE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE TAYLOR, JOE K. NAME 5.2 NAME RT 3 BOX 1264 STREET ADDRESS **5.3 STREET ADDRESS** CALLAHAN FL 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition Change Change TITLE 6.1 TITLE HALL, JOHNNIE L. SR. NAME 6.2 NAME RT 3 BOX 641-Z **6.3 STREET ADDRESS** STREET ADDRESS

14. I do 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:

ANGDALE JR. 2-21-97

6.4 CITY-ST-ZIP