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Feb 18 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 # **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

4. FEI Number

59-2403368

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

24

25

29

30

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
ROBERT L. PETERS, ESQUIRE82 Street Address (P.O. Box Number is Not Acceptable)
JACOBS & PETERS, P.A.83
401 Centre Street, 2nd Floor84 City
Fernandina Beach**FL**85 Zip Code
32034

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

*Robert L. Peters**Robert L. Peters***1-8-98**

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	<input type="checkbox"/> DELETE
NAME	LANGDALE, E J JR.	
STREET ADDRESS	6336 GRAVES STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUTTO, CECIL R.	
STREET ADDRESS	2251 SUSAN DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH F	

2.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONDURELIS, EDITH L.	
2.3 STREET ADDRESS	1094 Blackman Road	
2.4 CITY-ST-ZIP	YULEE, FL 32097	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PENNY, GARY L. SR.	
STREET ADDRESS	4226 MC ARTHUR STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

3.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SPRUANCE, RUSSELL A.	
3.3 STREET ADDRESS	652 PINEY ISLAND DRIVE	
3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SYLVESTER, ROBERT W.	
STREET ADDRESS	488 MYRTICE ROAD	
CITY-ST-ZIP	YULEE FL	

4.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SYLVESTER, ROBERT W.	
4.3 STREET ADDRESS	488 MYRTICE ROAD	
4.4 CITY-ST-ZIP	YULEE, FL 32097	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, JOE K.	
STREET ADDRESS	RT 3 BOX 1284	
CITY-ST-ZIP	CALLAHAN FL	

5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GEARIS, SCOTT A.	
5.3 STREET ADDRESS	50 Bobby Moore Circle	
5.4 CITY-ST-ZIP	YULEE, FL 32097	

TITLE	P	<input type="checkbox"/> DELETE
NAME	HALL, JOHNNIE L. SR.	
STREET ADDRESS	RT 3 BOX 641-Z	
CITY-ST-ZIP	CALLAHAN FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*E. J. Langdale Jr.***E. J. LANGDALE JR.****2-12-98****(904) 771-4596****2-12-98**

CR2E037 (1097)