

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90042 036 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729819

1. Corporation Name

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

Principal Place of Business

LOGAN ROAD
YULEE FL 32097
US

Mailing Address

6336 GRAVES STREET
JACKSONVILLE FL 32210



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/03/1974

4. FEI Number

59-2403368

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PETERS, ROBERT L ESQUI
JACOBS & PETERS PA
401 CENTRE STREET, 2ND FLOOR
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

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

TITLE ST
NAME LANGDALE, E J JR.
STREET ADDRESS 6336 GRAVES STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE T
NAME CONDURELIS, EDITH L
STREET ADDRESS 1094 BLACKMAN ROAD
CITY-ST-ZIP YULEE FL 32097

TITLE T
NAME SPRUANCE, RUSSELL A
STREET ADDRESS 652 PINEY ISLAND DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE T
NAME SYLVESTER, ROBERT W.
STREET ADDRESS 488 MYRTICE ROAD
CITY-ST-ZIP YULEE FL 32097

TITLE V
NAME GEARIS, SCOTT A
STREET ADDRESS 50 BOBBY MOORE CIRCLE
CITY-ST-ZIP YULEE FL 32097

TITLE P
NAME HALL, JOHNNIE L. SR.
STREET ADDRESS RT 3 BOX 641-Z
CITY-ST-ZIP CALLAHAN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. J. LANGDALE JR. 1-13-99 (904) 771-4596

CR2E037 (11/98)