

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 03 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N15084 (9)  
 1. Corporation Name  
 STATE OF FLORIDA, LADIES AUXILIARY, FRATERNAL ORDER OF POLICE, INC.



Principal Place of Business Mailing Address  
 3951 LAURELWOOD DR JACKSONVILLE FL 32257 US  
 3951 LAURELWOOD DR JACKSONVILLE FL 32257 US

3. Date Incorporated or Qualified  
 05/23/1986

4. FEI Number  
 59-3612110 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

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 N/A

2. Principal Place of Business 2a. Mailing Address  
 21 456 Torrington St. 26 456 Torrington St.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State 23 Pt. Charlotte, Florida 28 Pt. Charlotte, FL  
 Zip 24 33954 Country 25 USA Zip 29 33954 Country 30 USA

9. Name and Address of Current Registered Agent  
 GLADDEN, ELAINE  
 3951 LAURELWOOD DR  
 JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent  
 81 Name Jean Andreu  
 82 Street Address (P.O. Box Number is Not Acceptable) 456 Torrington Street  
 83  
 84 City Pt. Charlotte FL 85 Zip Code 33954

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: *Jean Andreu Vice President/Secretary* DATE: 8-1-98  
(NOTE: Registered agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WIGGINS, ALEIDA	
STREET ADDRESS	525 S.W. 2ND AVE	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GLADDEN, ELAINE	
STREET ADDRESS	3951 LAURELWOOD DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MEYNE, PATTI	
STREET ADDRESS	STAR RT 2 BOX 164	
CITY-ST-ZIP	SATSUMA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDREW, JEAN	
STREET ADDRESS	456 TORRINGTON ST	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gladden, Elaine	
1.3 STREET ADDRESS	3951 Laurelwood Drive	
1.4 CITY-ST-ZIP	JAX, Florida 32257	
2.1 TITLE	50% Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jean Andreu	
2.3 STREET ADDRESS	456 Torrington St.	
2.4 CITY-ST-ZIP	Pt. Charlotte, FL 33954	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patti Meyne	
3.3 STREET ADDRESS	HC Rt. 2, Box 164	
3.4 CITY-ST-ZIP	Satsuma, FL 32189	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *Jean Andreu* JEAN ANDREU DATE: 8-1-98 DAYTIME PHONE #: 941-743-006

CR2E037 (5/98)