

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28827** (6)

1. Corporation Name

**FRATERNAL ORDER OF POLICE TREASURE COAST LODGE 4  
1, INC.**

Principal Place of Business

Mailing Address

**C/O JIMMY L. MOSLEY  
2305 ATLANTIC AVE  
FORT PIERCE FL 34954  
US**

**C/O ROBERT L. NOLL  
P O BOX 2225  
FORT PIERCE FL 34954  
US**

3. Date Incorporated or Qualified

**10/12/1988**

4. FEI Number

**65-0087714**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **c/o Jimmy L. Mosley**

22 City & State

27 **PO Box 2225**

23 Zip

28 **Fort Pierce FL**

24 Country

29 **34954**

30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOLL, ROBERT  
2020 S 3 ST  
FORT PIERCE FL 34950**

81 Name

**Wade Willnow**

82 Street Address (P.O. Box Number is Not Acceptable)

**1733 SW Millikin Ave**

83

84 City

**Port St. Lucie**

**FL**

85 Zip Code  
**34953**

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

**4-9-98**

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **DT** ☒ DELETE

NAME **PUCHALA, MARY LOU**  
STREET ADDRESS **507 MAYFLOWER LN APARTMENT D**  
CITY-ST-ZIP **FT PIERCE FL**

TITLE **D** ☒ DELETE

NAME **MOSLEY, JIMMY L.**  
STREET ADDRESS **5100 PINETREE DR.**  
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **DP** ☒ DELETE

NAME **NOLL, ROBERT**  
STREET ADDRESS **2020 S 3 ST**  
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **DV** ☒ DELETE

NAME **WILLNOW, WADE**  
STREET ADDRESS **1733 SW MILLIKIN AVE**  
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE **DS** ☒ DELETE

NAME **SEREG, EUGENE**  
STREET ADDRESS **314 NE FLORESTA DR**  
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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

DT ☒ Change ☐ Addition

**Mosley, Jimmy L.**  
**5100 Pinetree Dr.**  
**Fort Pierce, FL 34982**

DT ☒ Change ☐ Addition

**Mosley, Jimmy L.**  
**5100 Pinetree Dr.**  
**Fort Pierce, FL 34982**

DP ☒ Change ☐ Addition

**Willnow, Wade**  
**1733 SW Millikin Ave**  
**Port St. Lucie, FL 34953**

DV ☒ Change ☐ Addition

**Messina, Joseph**  
**206 N 37th St**  
**Fort Pierce, FL 34947**

DS ☒ Change ☐ Addition

**Sereg, Eugene E.**  
**631 SW Dolores Ave.**  
**Port St. Lucie, FL 34983**

☐ Change ☐ Addition

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:

*[Signature]*

**4/09/98**

CR2E037 (10/97)