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Jan 26, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N28827

1. Corporation Name

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

Principal Place of Business

C/O JIMMY L. MOSLEY
2505 ATLANTIC AVE
FORT PIERCE FL 34954
US

Mailing Address

C/O JIMMY L. MOSLEY
P.O. BOX 2225
FORT PIERCE FL 34954
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/12/1988

4. FEI Number

65-0087714

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

WILLNOW, WADE
1733 SW MILLIKIN AVE
FORT PIERCE FL 34950

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

WADE WILLNOW

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME MOSLEY, JIMMY L
STREET ADDRESS 5100 PINETREE DR
CITY-ST-ZIP FT PIERCE FL 34982 ☐ DELETE

TITLE DT
NAME MOSLEY, JIMMY L
STREET ADDRESS 5100 PINETREE DR
CITY-ST-ZIP FT. PIERCE FL 34982 ☐ DELETE

TITLE DP
NAME WILLNOW, WADE
STREET ADDRESS 1733 SW MILLIKIN AVE
CITY-ST-ZIP PORT ST LUCIE FL 34953 ☐ DELETE

TITLE DV
NAME MESSINA, JOSEPH
STREET ADDRESS 206 N 37TH ST
CITY-ST-ZIP FT PIERCE FL 34947 ☐ DELETE

TITLE DS
NAME SEREG, EUGENE
STREET ADDRESS 631 SW DELORES AVE
CITY-ST-ZIP PT ST LUCIE FL 34983 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REMOVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

DATE

361 464-6404

Daytime Phone #

CR2E037 (1/98)