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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N44439 (0)

1. Corporation Name

CHARLES E. BROOKFIELD LODGE #86, FRATERNAL ORDER OF POLICE, INC.

Principal Place of Business	Mailing Address
39 W PINE ST. ORLANDO FL 32801	C/O CHARLES E. BROOKFIELD P.O. BOX 620413 ORLANDO FL 32862-0413 US

3. Date Incorporated or Qualified: 07/25/1991
3a. Date of Last Report: 09/16/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-3059059 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRICKEL, WILLIAM, JR.
39 W PINE ST.
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PALMER, BERNARD		1.2 NAME	ROBERT W. HANCOCK	
STREET ADDRESS	1260 PALM DRIVE		1.3 STREET ADDRESS	2213 VINE ST.	
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL. 32806	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GLADISH, DON		2.2 NAME	PALMER, BERNARD	
STREET ADDRESS	14069 CAPE LANE		2.3 STREET ADDRESS	1260 PALM DR.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	OVIEDO, FL. 32765	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAMILL, WILLIAM		3.2 NAME	HAMILL, WILLIAM	
STREET ADDRESS	15040 CAPE LANE		3.3 STREET ADDRESS	15040 CAPE LANE	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FL. 32831	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCCOY, KIM		4.2 NAME	GOODMAN, SARAH	
STREET ADDRESS	12794 MAJORAMA DR		4.3 STREET ADDRESS	P.O. BOX 616835 N/A	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO, FL. 32861	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 REQUIRED SARAH E. GOODMAN 2-6-97 407-522-9233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018190