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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

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

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

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 [redacted] Cole Laurie J
82 Street Address (P.O. Box Number is Not Acceptable) 15825 Sunflower Tr
83
84 City Orlando FL 85 Zip Code 32828

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 Laurie J Cole 1-15-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE D	President/Director	☐ Change ☐ Addition
NAME	HANCOCK, ROBERT W.		1.2 NAME	Hancock Robert W	
STREET ADDRESS	2213 VINE ST.		1.3 STREET ADDRESS	PO Box 40	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Webster FL 33597	
TITLE	VD	☐ DELETE	2.1 TITLE D	Vice President/Director	☒ Change ☐ Addition
NAME	PALMER, BERNARD		2.2 NAME	Simonsen Robert	
STREET ADDRESS	1260 PALM DR.		2.3 STREET ADDRESS	10311 Water Hyacinth Dr	
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP	Orlando FL 32825	
TITLE	TD	☐ DELETE	3.1 TITLE D	Treasurer/Director	☒ Change ☐ Addition
NAME	HAMILL, WILLIAM		3.2 NAME	McCoy Kim	
STREET ADDRESS	15040 CAPE LANE		3.3 STREET ADDRESS	12794 Mejorana Way	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando FL 32837	
TITLE	SD	☐ DELETE	4.1 TITLE D	Secretary/Director	☒ Change ☐ Addition
NAME	GOODMAN, SARAH		4.2 NAME	Cole, Laurie J	
STREET ADDRESS	P.O. BOX 616835 N/A		4.3 STREET ADDRESS	15825 Sunflower Tr	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando FL 32828	
TITLE		☐ DELETE	5.1 TITLE D		☐ 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 (10/97)

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: Laurie J Cole / Laurie J Cole 1-15-98 407 568 4356