2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 27, 2003 8:00 am
Secretary of State
02-13-2003 90210 037 ****70.00

DOCUMENT # N44439

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

Principal Place of Business	Mailing Address
414A FAIRLANE AVE. ORLANDO FL 32809	414A FAIRLANE AVE. ORLANDO FL 32809 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
414A Fairlane Ave.	414A Fairlane Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL.	City & State: Orlando, FL.
Zip: 32809 Country: Orange	Zip: 32809 Country: Orange

4. FEI Number 59-3059059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHLIH, PAMELA 4148 MONTROSE CT. ORLANDO FL 32806	Name Street Address (P.O. Box Number is Not Acceptable) Same City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Pamela Schlih Secretary 1-31-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OLSSON, GEORGE S 3460 CIMARRON DR. ORLANDO FL 32829	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President P Jerome Fowler 5136 Cassatt Ave. Orlando, FL - 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHARETTE, OSCAR 414A FAIRLAND AV ORLANDO FL 32809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st Vice President T Billy Richardson 53 Klondike Way Orlando FL - 32811	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST H T SCHLIH, PAMELA 4148 MONTROSE CT ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer T John Scott 3165 Curry Woods Circle Orlando, FL. 32822	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAMOS, CESAR 7390 BORDERWINE DR. ORLANDO FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	State	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela Schlih SIGNATURE REQUIRED 1-31-03 407-851-6913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #