FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:55

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 2505 ATLANTIC AVE FORT PIERCE FL 34954 US	~~C/O ROBERT L. NOLL~~ P O BOX 2225 FORT PIERCE FL 34954 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1988
3a. Date of Last Report: 02/23/1994
4. FEI Number: 65-0087714 ☐ Applied For ☐ Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOLL, ROBERT
2020 S 3 ST
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name: ANTHONY DIFRANCO
82 Street Address (P.O. Box Number is Not Acceptable): 670 N.W. RIVERSIDE DRIVE
83
84 City: PORT ST. LUCIE FL 85 Zip Code: 34983

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Anthony DiFranco 3/28/95
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	HURTADO, ANTONIO	1.2 NAME		
STREET ADDRESS	413 JACKSON RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	DP	☑ Change ☐ Addition
NAME	MOSLEY, JIMMY L.	2.2 NAME		
STREET ADDRESS	5100 PINETREE DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE	DT.	☑ Change ☐ Addition
NAME	NOLL, ROBERT	3.2 NAME	MARylou Puchalm	
STREET ADDRESS	2020 S 3 ST	3.3 STREET ADDRESS	2472 ATLANTIS DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	FORT PIERCE, FL 34981	
TITLE	VD	4.1 TITLE	D TR	☑ Change ☐ Addition
NAME	WILLNOW, WADE	4.2 NAME		
STREET ADDRESS	1733 SW MILLIRIN AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL	4.4 CITY-ST-ZIP		
TITLE	DS	5.1 TITLE		☑ Change ☐ Addition
NAME	DIFRANCO, ANTHONY	5.2 NAME		
STREET ADDRESS	314 NE FLORESTA DR	5.3 STREET ADDRESS	670 N.W. RIVERSIDE DRIVE	
CITY-ST-ZIP	PT ST LUCIE FL	5.4 CITY-ST-ZIP	34983	
TITLE	C	6.1 TITLE	DV	☑ Change ☐ Addition
NAME	BRADIAN, NICK	6.2 NAME		
STREET ADDRESS	2811 SW CASSON CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Anthony DiFranco : ANTHONY DIFRANCO Secretary 3/28/95 407 879-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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