

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N23641 (6)
1. Corporation Name
DIXIE LAWMAN LODGE #116, FRATERNAL ORDER OF POLICE, INC.



Principal Place of Business Mailing Address
CROSS CITY CORRECTIONAL INSTITUTIONAL ROAD **CROSS CITY CORRECTIONAL INSTITUTIONAL ROAD**
P.O. BOX 771 **P.O. BOX 771**
CROSS CITY FL 32628-7771 **CROSS CITY FL 32628-7771**

3. Date Incorporated or Qualified **11/25/1987** 3a. Date of Last Report **05/01/1995**
4. FEI Number **31-0981694** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDSEY, JASPER F JR
ESTELLE BLVD.
POST OFFICE BOX 1883
CROSS CITY FL 32628

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 *[Signature]*
Signature, typed or printed name of registered agent and fee (multiple fee)

(NOTE: Registered Agent signature required when reinstating)

3-20-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **V PINNER, JIMMY R**
STREET ADDRESS **P O BOX 165 N/A**
CITY-ST-ZIP **CROSS CITY FL**
TITLE ☐ DELETE
NAME **PD LINDSEY, JASPER F JR**
STREET ADDRESS **P.O. BOX 1883 ESTELLE BLVD.**
CITY-ST-ZIP **CROSS CITY FL**
TITLE ☐ DELETE
NAME **S CHESNUT, CYNTHIA A**
STREET ADDRESS **P.O. BOX 274 N/A**
CITY-ST-ZIP **CROSS CITY FL**
TITLE ☐ DELETE
NAME **D ANDREWS, W.L. (BILLY)**
STREET ADDRESS **P.O. BOX 1234 N/A**
CITY-ST-ZIP **CROSS CITY FL**
TITLE ☐ DELETE
NAME **D DIXON, W J**
STREET ADDRESS **P O BOX 1298 N/A**
CITY-ST-ZIP **CROSS CITY FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 **498-5576**
Date Daytime Phone #

CR2E037 (12/95)