

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729072

**Entity Name:** FRATERNAL ORDER OF POLICE, GATOR LODGE 67, INC.**Current Principal Place of Business:**3301 N MAIN TER  
GAINESVILLE, FL 32609-2301**Current Mailing Address:**3301 N MAIN TER  
GAINESVILLE, FL 32609-2301 US**FEI Number:** 23-7297965**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LITCHFIELD, BRADFORD L  
3301 NORTH MAIN TERR  
GAINESVILLE, FL 32609 US*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.***SIGNATURE:** BRADFORD L LITCHFIELD

04/17/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAYES, STEPHEN C  
Address        3301 N MAIN TER  
City-State-Zip: GAINESVILLE FL 32609-2301

Title            VP  
Name            SIDES, MATTHEW R  
Address        3301 N MAIN TER  
City-State-Zip: GAINESVILLE FL 32609-2301

Title            SECRETARY  
Name            RAREY, JASON M  
Address        3301 N MAIN TER  
City-State-Zip: GAINESVILLE FL 32609-2301

Title            TREASURER  
Name            LITCHFIELD, BRADFORD L  
Address        3301 N MAIN TER  
City-State-Zip: GAINESVILLE FL 32609-2301

Title            CHAPLAIN  
Name            CASTOR, JOSEPH J JR.  
Address        3301 N MAIN TER  
City-State-Zip: GAINESVILLE FL 32609-2301

Title            GUARD  
Name            BERTZYK, SCOTT  
Address        3301 N MAIN TER  
City-State-Zip: GAINESVILLE FL 32609-2301

Title            TRUSTEE  
Name            SENN, BILLY J  
Address        3301 N MAIN TER  
City-State-Zip: GAINESVILLE FL 32609-2301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRADFORD L LITCHFIELD

TREASURER

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date