

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49969

**Entity Name:** FRATERNAL ORDER OF POLICE LODGE 118 INCORPORATED**Current Principal Place of Business:**1193 SE PORT ST. LUCIE BLVD  
106  
PORT ST. LUCIE, FL 34952**Current Mailing Address:**1193 SE PORT ST LUCIE BLVD  
106  
PORT ST LUCIE, FL 34952 US**FEI Number:** 59-2850193**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUTTERWORTH, DAVID S  
1193 SE PORT ST. LUCIE BLVD  
106  
PORT ST LUCIE, FL 34952 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BUTTERWORTH, DAVID S
Address	1193 SE PORT ST. LUCIE BLVD 106
City-State-Zip:	PORT ST LUCIE FL 34952

Title	SECRETARY
Name	PALMER, JANET
Address	1193 SE PORT ST. LUCIE BLVD 106
City-State-Zip:	PORT ST LUCIE FL 34952

Title	VP
Name	AUGUSTE, MAIGA
Address	1193 SE PORT ST LUCIE BLVD 106
City-State-Zip:	PORT ST LUCIE FL 34952

Title	TREASURER
Name	BLACK, BRINT
Address	1193 SE PORT ST. LUCIE BLVD 106
City-State-Zip:	PORT ST LUCIE FL 34952

Title	STATE TRUSTEE
Name	GRIFFITH, PAUL
Address	1193 SE PORT ST LUCIE BLVD 106
City-State-Zip:	PORT ST LUCIE FL 34952

*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:** DAVID BUTTERWORTH

PRESIDENT

07/10/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date