

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**

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



DOCUMENT # 704728 (5)
1. Corporation Name
**FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE, I
NC.**

Principal Place of Business Mailing Address
242 OFFICE PLAZA 242 OFFICE PLAZA
POB 1349 POB 1349
TALLAHASSEE FL 32302-8349 TALLAHASSEE FL 32302-8349

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/26/1962** 3a. Date of Last Report **01/19/1994**
4. FEI Number **23-7585970** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 501(c)(3) **\$68.75 Supplemental
Fee Not Required**
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. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**SPIEGEL, ROBERT M.
242 OFFICE PLAZA
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPO CAMERON, PHILIP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	517 NW 22ND STREET	1.2 NAME	
STREET ADDRESS	WILTON MANORS FL 33311	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, GEORGE	2.2 NAME	
STREET ADDRESS	11020 SW 124TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, DONALD E	3.2 NAME	
STREET ADDRESS	6146 PICKETTVILLE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDERFIELD, JIMMY A	4.2 NAME	
STREET ADDRESS	9082 CROWN POINT ROAD	4.3 STREET ADDRESS	9541 Melvina Road
CITY-ST-ZIP	JACKSONVILLE FL 32257	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, ROBERT M	5.2 NAME	
STREET ADDRESS	242 OFFICE PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	VPO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JOHN C	6.2 NAME	
STREET ADDRESS	18407 MONTEVERDE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL 34810	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]* **April 14, 1995** **904 788-1282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)