

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**AMENDED**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 704728**

1. Corporation Name  
**Florida State Lodge Fraternal Order of Police, Inc.**

Principal Place of Business Mailing Address  
**242 Office Plaza 242 Office Place**  
**P.O. Box 1349 (32302) P.O. Box 1349 (32302)**  
**Tallahassee, FL 32301 Tallahassee, FL 32301**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/26/62	3/5/96
Suite, Apt #, etc		Suite, Apt #, etc.		4. FEI Number	Applied For
22		27		237585970	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent  
**Robert M. Spiegel**  
**2755 McFarlane Court**  
**Tallahassee, FL 32303**

10. Name and Address of New Registered Agent  
 81 Name **Philip D. Cameron**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2404 E. Sunrise Blvd.**  
 83  
 84 City **Ft. Lauderdale** **FL** 85 Zip Code **33304**

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: *Philip D. Cameron* DATE: **August 6, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S/D	11 TITLE	P/D
NAME	George Webster	12 NAME	Philip D. Cameron
STREET ADDRESS	11020 SW 124th Street	13 STREET ADDRESS	2404 E. Sunrise Blvd
CITY-ST-ZIP	Miami, FL 33176	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	T/D	21 TITLE	1VP/D
NAME	Donald E. Merritt	22 NAME	John C. Nelson
STREET ADDRESS	6146 Pickettville Road	23 STREET ADDRESS	16407 Monteverde Drive
CITY-ST-ZIP	Jacksonville, FL 32254	24 CITY-ST-ZIP	Springhill, FL 34610
TITLE		31 TITLE	2VP/D
NAME		32 NAME	James N. Mann
STREET ADDRESS		33 STREET ADDRESS	9834 SW 195th Street
CITY-ST-ZIP		34 CITY-ST-ZIP	Miami, FL 33157
TITLE		41 TITLE	C/D
NAME		42 NAME	Robert Daniels
STREET ADDRESS		43 STREET ADDRESS	201 Oregon Lane
CITY-ST-ZIP		44 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	500001921305
NAME		62 NAME	-08/14/96--01014--012
STREET ADDRESS		63 STREET ADDRESS	***61.25
CITY-ST-ZIP		64 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: *Philip D. Cameron* DATE: **August 6, 1996**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PHILIP D. CAMERON** DAYTIME PHONE #: **954-561-3555**

CR2E037 (3/96)