

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704728 (5)
 1. Corporation Name
FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE, I NC.



Principal Place of Business 242 OFFICE PLAZA POB 1349 (32302) TALLAHASSEE FL 32301	Mailing Address 242 OFFICE PLAZA POB 1349 (32302) TALLAHASSEE FL 32301-2808
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3. Date Incorporated or Qualified 10/26/1962	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 23-7585970	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**CAMERON, PHILIP D.
 2404 E. SUNRISE BLVD.
 FT. LAUDERDALE FL 33304**

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 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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P/D <input type="checkbox"/> DELETE
NAME	CAMERON, PHILIP
STREET ADDRESS	2404 E. SUNRISE BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33304
TITLE	S/D <input type="checkbox"/> DELETE
NAME	WEBSTER, GEORGE
STREET ADDRESS	11020 SW 124TH STREET
CITY-ST-ZIP	MIAMI FL 33176
TITLE	T/D <input type="checkbox"/> DELETE
NAME	MERRITT, DONALD E
STREET ADDRESS	6146 PICKETTVILLE RD
CITY-ST-ZIP	JACKSONVILLE FL 32254
TITLE	PD <input type="checkbox"/> DELETE
NAME	HOLDERDIED, JIMMY A
STREET ADDRESS	9541 MELVINE RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	SPIEGEL, ROBERT M
STREET ADDRESS	242 OFFICE PLAZA
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	1VPD <input type="checkbox"/> DELETE
NAME	NELSON, JOHN C
STREET ADDRESS	16407 MONTEVERDE DRIVE
CITY-ST-ZIP	SPRINGHILL FL 34610

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2nd Vice President 2VPD
5.3 STREET ADDRESS	James N. Mann
5.4 CITY-ST-ZIP	9834 SW 195th Street
5.4 CITY-ST-ZIP	Miami, Florida 33157-8660
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald E Merritt* January 9, 1997 904 786-1282
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davina Phone # 0007304

CR2E037 (9/96)