


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 12 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 242 OFFICE PLAZA POB 1349 (32302) TALLAHASSEE FL 32301 | Mailing Address 242 OFFICE PLAZA POB 1349 (32302) TALLAHASSEE FL 32301 |
|--|--|

| | |
|--|-------------------------------|
| 3. Date Incorporated or Qualified 10/26/1962 | |
| 4. FEI Number 23-7585970 | Applied For Not Applicable |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| |
|---|
| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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 | 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 checked="" 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 PICKETVILLE RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32254 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HOLDERDIELD, JIMMY A | |
| STREET ADDRESS | 9541 MELVINE RD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | MANN, JAMES M. | |
| STREET ADDRESS | 9834 S.W. 195TH STREET | |
| CITY-ST-ZIP | MIAMI 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Secretary |
| 2.3 STREET ADDRESS | Kenny Mack |
| 2.4 CITY-ST-ZIP | 12105 Millhopper Road |
| 3.1 TITLE | Gainesville, Florida 32653 <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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 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 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* Donald E. Merritt, Treasurer January 31, 1998 904 786-1282

CR2E037 (10/97)