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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 704728

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/26/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 23-7585970

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

25

28 Zip Country

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMERON, PHILIP D.  
 2404 E. SUNRISE BLVD.  
 FT. LAUDERDALE FL 33304

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME P/D CAMERON, PHILIP  
 STREET ADDRESS 2404 E. SUNRISE BLVD.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33304

1.1 TITLE  Change  Addition

TITLE  DELETE

NAME S MACK, KENNY  
 STREET ADDRESS 12105 MILLHOPPER RD  
 CITY-ST-ZIP GAINESVILLE FL 32653

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE  DELETE

NAME T/D MERRITT, DONALD E  
 STREET ADDRESS 6146 PICKETTVILLE RD  
 CITY-ST-ZIP JACKSONVILLE FL 32254

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE  DELETE

NAME PD HOLDERDIELD, JIMMY A  
 STREET ADDRESS 9541 MELVINE RD  
 CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE  DELETE

NAME VPD MANN, JAMES M.  
 STREET ADDRESS 9834 S.W. 195TH STREET  
 CITY-ST-ZIP MIAMI FL

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE  DELETE

NAME 1VPD NELSON, JOHN C  
 STREET ADDRESS 16407 MONTEVERDE DRIVE  
 CITY-ST-ZIP SPRINGHILL FL 34610

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE: *Donald E Merritt* SIGNATURE REQUIRED

February 26, 1999

904 786-1282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)