


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90719 019 ****61.25

DOCUMENT # 704728
 1. Entity Name
FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE, INC.



Principal Place of Business Mailing Address
242 OFFICE PLAZA POB 1349 (32302) TALLAHASSEE FL 32301 **242 OFFICE PLAZA POB 1349 (32302) TALLAHASSEE FL 32301**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **23-7585970** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CAMERON, PHILIP D.
 2625 NE 22 STREET
 FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	CAMERON, PHILIP	
STREET ADDRESS	2625 NE 22 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACK, KENNY	
STREET ADDRESS	12105 MILLHOPPER RD	
CITY-ST-ZIP	GAINESVILLE FL 32653	
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	HOLDERDIELD, JIMMY A	
STREET ADDRESS	1404 ST. ELMOIS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MANN, JAMES M.	
STREET ADDRESS	9834 S.W. 195TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	BARTHOLOME, RON	
STREET ADDRESS	2405 EAGLE TRACE DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald E. Merritt* Donald E. Merritt April 15, 2004 904 786-1282
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #