

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90314 049 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # 704728</b>   |  |
| 1. Entity Name<br><b>FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>242 OFFICE PLAZA<br/>POB 1349 (32302)<br/>TALLAHASSEE FL 32301</b> | Mailing Address<br><b>242 OFFICE PLAZA<br/>POB 1349 (32302)<br/>TALLAHASSEE FL 32301</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |   |  |
|--------------|--------------|------------------------------------|---|--|
| City & State | City & State | 4. FEI Number<br><b>23-7585970</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|--------------|--------------|------------------------------------|---|--|

|     |         |     |         |  |
|-----|---------|-----|---------|--|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|-----|---------|-----|---------|--|



1st MOORE CR2E037 (10/04)

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CAMERON, PHILIP D.<br/>2625 NE 22 STREET<br/>FORT LAUDERDALE FL 33305</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By: May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>CAMERON, PHILIP<br>2625 NE 22 STREET<br>FORT LAUDERDALE FL 33305 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>MANN, James N.<br>9834 SW 195 th Street<br>Miami, Florida 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MACK, KENNY<br>12105 MILLHOPPER RD<br>GAINESVILLE FL 32653 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>KENNY, Mack<br>P. O. Box 627<br>Steinhatchee, Florida 32359 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T/D<br>MERRITT, DONALD E<br>6146 PICKETVILLE RD<br>JACKSONVILLE FL 32254 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HOLDERDIELD, JIMMY A<br>1404 ST. ELMOIS DRIVE<br>JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>BARTHOLOME, Ron<br>2405 Eagle Trace Drive<br>Kissimmee, Florida 34725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MANN, JAMES M.<br>9834 S.W. 195TH STREET<br>MIAMI FL <input checked="" type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Zvp<br>PRESTON, James W.<br>702 Hyssop Place<br>Brandon, Florida 33510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ZVP<br>BARTHOLOME, RON<br>2405 EAGLE TRACE DRIVE<br>KISSIMMEE FL 34746 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | C/T/D<br>BARRROS, Martin<br>12313 NW 13 Court<br>Pembroke Pines, Florida 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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, Treasurer/Director April 18, 2005 904 786-1282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #