2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704728

the obligations of registered agent.

6IGNATURE .

SIGNATURE:

1. Entity Name

FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE, I NC.

Signature, typed or printed name of registered agent and title if applicable.



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90306 037 ****61.25

DATE

March 28, 2003 904 786-1282

Principal Place of Business Mailing Address									
42 OFFICE PLAZA OB 1349 (32302) ALLAHASSEE FL 32301		242 OFFICE PLAZA POB 1349 (32302) TALLAHASSEE FL 32301				r Brack Brain Grank Brakk Brakk 1907			
Principal Place of Business		3. Mailing Address			CHECK HERE IF MAKING CHANGES				
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State			4. FEI Number 23-7585970	Applied For Not Applicable			
Zip	Country	Zip	Coun	ntry	5: Certificate of Status Desired	\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
CAMEDON BUILD				Name	1				
CAMERON, PHILIP D. 2625 NE 22 STREET				Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDA	11.		<u></u>						
	-> Æ		ľ	City	1	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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW::FEE IS \$61.25		Election Campaign Financing Trust Fund Contribution.		S5.00 May Be	Florida Depart	Check Payable to Department of State				
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 10					
TITLE	P/D	☐ Delete	TITLE			Change	☐ Addition			
NAME	CAMERON, PHILIP		NAME	1						
STREET ADDRESS	2625 NE 22 STREET		STREET ADDRESS	i 1						
CITY-ST-ZIP	FORT LAUDERDALE FL 33305		CITY-ST-ZIP	!						
TITLE	S	☐ Delete	TITLE			☐ Change	☐ Addition			
NAME	MACK, KENNY		NAME	<u>'</u>		=				
STREET ADDRESS	12105 MILLHOPPER RD	الا يعمينين كيميني ا	* STREET ADDRESS*		بالتهامية المرابع والمحالات					
CITY-ST-ZIP	GAINESVILLE FL 32653		CITY-ST-ZIP							
TITLE	T/D	☐ Delete	TITLE			Change	Addition			
NAME	MERRITT, DONALD E		NAME	i			_			
STREET ADDRESS	6146 PICKETTVILLE RD		STREET ADDRESS	i I			ļ			
CITY-ST-ZIP	JACKSONVILLE FL 32254		CITY-ST-ZIP							
TITLE	PD	☐ Delete	TITLE	1		X Change	Addition			
NAME	HOLDERDIELD, JIMMY A		NAME	4.5. 4						
STREET ADDRESS	9541 MELVINE RD		STREET ADDRESS	1404 St. Elmo	Drive		(
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Jacksonville, F	lorida 32207					
TITLE	VPD	☐ Delete	TITLE	1,		☐ Change	Addition			
NAME	MANN, JAMES M.	*	NAME :	1 2 2 2						
STREET ADDRESS	9834 S.W. 195TH STREET		STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	•			ŀ			
TITLE	1VPD ·	Delete	TITLE	2nd Vice Preside	ent	Change	Addition			
NAME	NELSON, JOHN C		NAME	1	3,,,		^			
STREET ADDRESS	16407 MONTEVERDE DRIVE		STREET ADDRESS	Ron Bartholome						
CITY-ST-ZIP	SPRINGHILL FL 34610	•	CITY-ST-ZIP	2405 Eagle Trace						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.										