FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735181 (0)

1. Corporation Name
UPPER KEYS LODGE #92, FRATERNAL ORDER OF POLICE, INC.

Principal Place of Business	Mailing Address
88770 OVERSEAS HWY BOX 32 TAVERNIER FL 33070	88770 OVERSEAS HWY BOX 32 TAVERNIER FL 33070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1976
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2359619 ☐ 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 ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COCKRELL, SCOTT
88770 OVERSEAS HWY
TAVERNIER, FL
33070

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Scott Cockrell 1-17-95
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	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	COCKRELL, SCOTT	1.2 NAME		
STREET ADDRESS	88770 OVERSEAS HWY	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	WILKINSON, MICHAEL	2.2 NAME	Brazil, Thomas	
STREET ADDRESS	88770 OVERSEAS HWY	2.3 STREET ADDRESS	88770 Overseas Hwy.	
CITY-ST-ZIP	TAVERNIER FL	2.4 CITY-ST-ZIP	Tavernier, Fl. 33070	
TITLE	PD	3.1 TITLE	SO	☐ Change ☐ Addition
NAME	SUBIC, JOHN	3.2 NAME	Ouellesantes, Sharon	
STREET ADDRESS	88770 OVERSEAS HWY	3.3 STREET ADDRESS	88770 Overseas Hwy.	
CITY-ST-ZIP	TAVERNIER FL	3.4 CITY-ST-ZIP	Tavernier, Fl. 33070	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Scott H. Cockrell Scott H. Cockrell 1-17-95 305-852-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040422