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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735181

1. Corporation Name

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

Principal Place of Business

88770 OVERSEAS HWY
BOX 32
TAVERNIER FL 33070

Mailing Address

88770 OVERSEAS HWY
BOX 32
TAVERNIER FL 33070



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/09/1976

4. FEI Number

59-2359619

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 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 ☐ DELETE

TITLE **TD**
NAME **COCKRELL, SCOTT**
STREET ADDRESS **88770 OVERSEAS HWY**
CITY-ST-ZIP **TAVERNIER FL**

TITLE **VD**
NAME **BRAZIL, THOMAS**
STREET ADDRESS **88770 OVERSEAS HWY**
CITY-ST-ZIP **TAVERNIER FL**

TITLE **PD**
NAME **CARPENTER, DAVID**
STREET ADDRESS **88770 OVERSEAS HWY**
CITY-ST-ZIP **TAVERNIER FL**

TITLE **SD**
NAME **PAPY, CHRISTOPHER**
STREET ADDRESS **88770 OVERSEAS HIGHWAY**
CITY-ST-ZIP **TAVERNIER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Beckett, Robert**
2.3 STREET ADDRESS **88770 Overseas Hwy.**
2.4 CITY-ST-ZIP **Tavernier, FL 33070**

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME **Brazil, Thomas**
3.3 STREET ADDRESS **88770 Overseas Hwy**
3.4 CITY-ST-ZIP **Tavernier, FL 33070**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Hunter, Dale**
4.3 STREET ADDRESS **88770 Overseas Hwy.**
4.4 CITY-ST-ZIP **Tavernier, FL 33070**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)