

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739742 (5)

1. Corporation Name

VOLUSIA COUNTY, JIM WHITE LODGE NO. 40 FRATERNAL
ORDER OF POLICE, INC.



Principal Place of Business

Mailing Address

471 OLD MISSION RD
PO BOX 943
NEW SMYRNA BEACH FL 32168-8551

471 OLD MISSION RD
PO BOX 943
NEW SMYRNA BEACH FL 32168-8551

3. Date Incorporated or Qualified
07/27/1977

3a. Date of Last Report
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, PHILLIP
1621 WILLOW OAK DR.
EDGEWATER FL 32132

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COOK, PHILLIP
STREET ADDRESS 1621 WILLOW OAK DRIVE
CITY-ST-ZIP EDGEWATER FL ☒ DELETE

TITLE SD
NAME KELLER, CHARLES H JR.
STREET ADDRESS 136 OAKWOOD DRIVE
CITY-ST-ZIP DAYTONA BCH FL ☐ DELETE

TITLE TD
NAME BARNETT, LEROY
STREET ADDRESS 804 E. 11TH AVENUE
CITY-ST-ZIP NEW SMYRNA BCH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE PD
1.2 NAME KELLER, CHARLES H. JR.
1.3 STREET ADDRESS 136 OAKWOOD DRIVE
1.4 CITY-ST-ZIP DAYTONA BEACH, FL ☒ Change ☐ Addition

2.1 TITLE SD
2.2 NAME HOINACKI, STEPHEN
2.3 STREET ADDRESS 440 BALTIMORE
2.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)