

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739742** (5)

1. Corporation Name

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



Principal Place of Business <b>471 OLD MISSION RD PO BOX 943 NEW SMYRNA BEACH FL 32168-8551</b>	Mailing Address <b>471 OLD MISSION RD PO BOX 943 NEW SMYRNA BEACH FL 32168-8551</b>
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3. Date Incorporated or Qualified <b>07/27/1977</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number <b>59-1817919</b>	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>KELLER JR, CHARLES H 136 OAKWOOD DRIVE DAYTONA BEACH FL 32117</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>Phillip Cook</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>1621 Willow Oak Dr.</b> <b>83</b> <b>84</b> City <b>Edgewater</b> <b>FL</b> <b>85</b> Zip Code <b>32132</b>
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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 *Phillip Cook* **3/23/98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KELLER, CHARLES H. JR</b>	
STREET ADDRESS <b>136 OAKWOOD DR</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>HOINACKI, STEPHEN</b>	
STREET ADDRESS <b>4130 S ATLANTIC AVE, #B108</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>BARNETT, LEROY</b>	
STREET ADDRESS <b>804 E. 11TH AVENUE</b>	
CITY-ST-ZIP <b>NEW SMYRNA BCH FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>BAKER, ROBERT</b>	
STREET ADDRESS <b>2265 TURNBULL BAY RD</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Phillip Cook</b>	
1.3 STREET ADDRESS <b>1621 Willow Oak Dr.</b>	
1.4 CITY-ST-ZIP <b>Edgewater, FL - 32132-3115</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>1102 Plover Pl.</b>	
2.3 STREET ADDRESS <b>New Smyrna Beach, FL - 32168</b>	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Phillip Cook* **3/23/98** **(904) 427-6310**

CP2E037 (10/97)