

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90182 024 ****70.00

0003056

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739742

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 32170 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 32170 29 Country

3. Date Incorporated or Qualified

07/27/1977

4. FEI Number
59-1817919

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

**COOK, PHILLIP
1621 WILLOW OAK DRIVE
EDGEWATER FL 32132**

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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | COOK, PHILLIP | |
| STREET ADDRESS | 1621 WILLOW OAK DRIVE | |
| CITY-ST-ZIP | EDGEWATER FL 32132 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | HOINACKI, STEPHEN | |
| STREET ADDRESS | 1102 PLOVER PL | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BARNETT, LEROY | |
| STREET ADDRESS | 804 E. 11TH AVENUE | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BAKER, ROBERT | |
| STREET ADDRESS | 2265 TURNBULL BAY RD | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 | <input 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, with all other like empowered.

SIGNATURE:

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

3/3/99
Date

(904) 423-2325
Daytime Phone #

CR2E037 (1/98)