2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 739742



Secretary of State 07-01-2005 90002 007 ****61.25

FILED

Jul 01, 2005 8:00 am

1. Entity Name VOLUSIA COUNTY, JIM WHITE LODGE NO. 40 FRATERNAL ORDER OF POLICE, INC. Principal Place of Business Mailing Address 471 OLD MISSION RD 471 OLD MISSION RD PO BOX 943 PO ROX 943 NEW SMYRNA BEACH, FL 32170 NEW SMYRNA BEACH, FL 32170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06102005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-1817919 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Albert J. Kerling COOK, PHILLIP Street. 9 Misty Falls Drive 1621 WILLOW OAK DRIVE EDGEWATER, FL 32132 Ormond Beach, FL 32174-9175 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent. Albert J. Kerling 06-27-05 SIGNATURE _ Signature, typed or printed name of registered agent and title if applica DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 Addition TITLE Change Delete TITLE NAME COOK, PHILLIP Albert J. Kerling NAME 1621 WILLOW OAK DRIVE 9 Misty Falls Drive STREET ADDRESS STREET ADDRESS Ormond Beach, FL 32174-9175 EDGEWATER, FL 32132 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete NAME CHARLES, LAU NAME **MARTIN HURST** STREET ADDRESS 4639 GOLDEN APPLES TRL STREET ADDRESS 2502 UMBRELLA TREE DRIVE EDGEWATER, FL 32141-4924 CITY-ST-ZIP PORT ORANGE, FL 32129 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ AddRion BARNETT, LEROY NAME LAKE. 804 E. 11TH AVENUE STREET ADDRESS STREET ADDRESS NEW SMYRNA BCH, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change **5d** Addition TITLE Delete TITLE GLENN R. ALTHAFER AL, KERLING NAME NAME P. O. BOX 252 STREET ADDRESS PO BOX 731013 STREET ADDRESS NEW SMYRNA BEACH, FL 32170-0252 ORMOND BEACH, Ft. 32173 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete THE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 eppears in Block 10 or Block 11 if chapter is a path of the corporation of the corporati

Albert J. Kerling 06-27-05 386-671-0824

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED LAME OF SIGN NO OFFICER OR SIRECTOR Date

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