
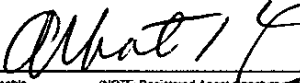
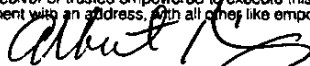


FILED
Jul 01, 2005 8:00 am
Secretary of State

DOCUMENT # 739742											
1. Entity 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 32170			Mailing Address 471 OLD MISSION RD PO BOX 943 NEW SMYRNA BEACH, FL 32170								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
City & State			City & State								
Zip		Country	Zip		Country						
6. Name and Address of Current Registered Agent											
COOK, PHILLIP 1621 WILLOW OAK DRIVE EDGEWATER, FL 32132				<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%; padding: 2px;">Name</td><td style="padding: 2px;">Albert J. Kerling</td></tr><tr><td style="padding: 2px;">Street</td><td style="padding: 2px;">9 Mission</td></tr><tr><td style="padding: 2px;">City</td><td style="padding: 2px;">Ormond Beach</td></tr></table>		Name	Albert J. Kerling	Street	9 Mission	City	Ormond Beach
Name	Albert J. Kerling										
Street	9 Mission										
City	Ormond Beach										
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.											
SIGNATURE Albert J. Kerling											
<small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent Signature Required)</small>							
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>								
10. OFFICERS AND DIRECTORS											
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD COOK, PHILLIP 1621 WILLOW OAK DRIVE EDGEWATER, FL 32132		<input checked="" type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD CHARLES, LAU 4639 GOLDEN APPLES TRL PORT ORANGE, FL 32129		<input checked="" type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD BARNETT, LEROY 804 E. 11TH AVENUE NEW SMYRNA BCH, FL		<input type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD AL, KERLING PO BOX 731013 ORMOND BEACH, FL 32173		<input checked="" type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete							
11.											
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD Alb 9 Mi Ormo									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD MA 250 ED									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD GL P. C NE									
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 				Albert J. Kerling							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											