2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739742

FILED Jan 22, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

471 OLD MISSION RD 471 OLD MISSION RD

PO BOX 943 PO BOX 943

NEW SMYRNA BEACH, FL 32170 NEW SMYRNA BEACH, FL 32170 US

Current Mailing Address: New Mailing Address:

471 OLD MISSION RD 471 OLD MISSION RD

PO BOX 943 PO BOX 943

NEW SMYRNA BEACH, FL 32170 NEW SMYRNA BEACH, FL 32170 US

FEI Number: 59-1817919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COOK, PHILLIP KERLING, ALBERT J
1621 WILLOW OAK DRIVE 9 MISTY FALLS DRIVE

EDGEWATER, FL 32132 US ORMOND BEACH, FL 32174 US

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.

SIGNATURE: ALBERT J. KERLING 01/22/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: VD () Delete Title: VD (X) Change () Addition

Name:ALTHAFER, GLENN RName:MCELROY, GARY TAddress:P.O. BOX 252Address:2526 ARLINGTON AVE.

City-St-Zip: NEW SMYRNA BEACH, FL 321700252 City-St-Zip: NEW SMYRNA BEACH, FL 321685803

Title: PD () Delete Title: () Change () Addition

Name: HURST, MARTIN Name:

Address: 2502 UMBRELLA TREE DRIVE Address: City-St-Zip: EDGEWATER, FL 321414924 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 BARNETT, LÉROY
 Name:
 COOK, PHILIP

 Address:
 804 E. 11TH AVENUE
 Address:
 1621 WILLOW OAK DR.

 City-St-Zip:
 NEW SMYRNA BCH, FL
 City-St-Zip:
 EDGEWATER, FL 321323115

Title: SD () Delete Title: () Change () Addition

 Name:
 KERLING, ALBERT J
 Name:

 Address:
 9 MISTY FALLS DRIVE
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 321749175
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT J. KERLING SD 01/22/2006