

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 A
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 US

Mailing Address

471 OLD MISSION RD
PO BOX 943
NEW SMYRNA BEACH, FL 32170 US



02212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1817919

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KERLING, ALBERT J
9 MISTY FALLS DRIVE
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

3-26-07

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MCELROY, GARY T
2526 ARLINGTON AVE.
NEW SMYRNA BEACH, FL 321685803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HURST, MARTIN
2502 UMBRELLA TREE DRIVE
EDGEWATER, FL 321414924

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
COOK, PHILIP
1621 WILLOW OAK DR.
EDGEWATER, FL 321323115

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KERLING, ALBERT J
9 MISTY FALLS DRIVE
ORMOND BEACH, FL 321749175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000687830
04/10/07-80055-011 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-07

Date

386-671-0824

Daytime Phone #