

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761968** (7)

1. Corporation Name

**FRATERNAL ORDER OF POLICE ASSOCIATES LODGE NO. 9
2, INC.**



Principal Place of Business

Mailing Address

**89240 OVERSEAS HWY
STE 12
TAVERNIER FL 33070
US**

**P O BOX 1328
P.O. BOX 1328
KEY LARGO FL 33070
US**

3. Date Incorporated or Qualified
02/15/1982

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 **99 AVE C**

26 **P.O. BOX 1328**

4. FEI Number
59-2428571

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
KEY LARGO, FL.

28 City & State
TAVERNIER, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33037

Country

29 Zip
33070

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACHELER, PETER D
89240 OVERSEAS HWY
STE 12
TAVERNIER FL 33070**

81 Name
TED LAURENSELLE

82 Street Address (P.O. Box Number is Not Acceptable)
99 AVE C

83 City
KEY LARGO,

84 City

FL 85 Zip Code
33037

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

Ted Laurenselle

(NOTE: Registered Agent signature required when reinstating)

3-30-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **FVPD** ☒ DELETE
NAME **LAURENSELLE, TED**
STREET ADDRESS **99 AVE C**
CITY-ST-ZIP **KEY LARGO FL**

1.1 TITLE **FVPD** ☒ Change ☐ Addition
1.2 NAME **DALLAS DAILY**
1.3 STREET ADDRESS **96000 OVERSEAS HWY. #W-21**
1.4 CITY-ST-ZIP **KEY LARGO, FL. 33037** ☐ Change ☐ Addition

TITLE **STD** ☒ DELETE
NAME **MAGER, CARMEN**
STREET ADDRESS **P O BOX 905 120 GARDENIA AVE NA**
CITY-ST-ZIP **TAVERNIER FL**

2.1 TITLE **STD** ☐ Change ☐ Addition
2.2 NAME **MARJORIE L COX**
2.3 STREET ADDRESS **P O BOX 1328 NA**
2.4 CITY-ST-ZIP **TAVERNIER, FL. 33070** ☐ Change ☐ Addition

TITLE **PT** ☒ DELETE
NAME **BACHELER, PETER D**
STREET ADDRESS **89240 OVERSEAS HWY #12**
CITY-ST-ZIP **TAVERNIER FL**

3.1 TITLE **PT** ☐ Change ☐ Addition
3.2 NAME **TED LAURENSELLE**
3.3 STREET ADDRESS **99 AVE C_ KEY LARGO, FL. 33037**
3.4 CITY-ST-ZIP **33037** ☐ Change ☐ Addition

TITLE **SVPD** ☒ DELETE
NAME **DAILY, DALLAS**
STREET ADDRESS **96000 OVERSEAS HWY W21**
CITY-ST-ZIP **KEY LARGO FL**

4.1 TITLE **SVPD** ☒ Change ☐ Addition
4.2 NAME **ALLAN KIRKPATRICK**
4.3 STREET ADDRESS **P.O. BOX 294 NA**
4.4 CITY-ST-ZIP **TAVERNIER, FL. 33070** ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Marjorie L Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-96 1-305-852-1817

Date

Daytime Phone #

CR2E037 (12/95)