

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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. 92
2, INC.

Principal Place of Business

Mailing Address

99 AVE C
KEY LARGO FL 33037
USP O BOX 1328
TAVERNIER FL 33070-1328
US3. Date Incorporated or Qualified
02/15/19823a. Date of Last Report
04/03/19964. FEI Number
59-2428571Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. Box 1328

22 City & State 27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAURENSELLE, TED
99 AVE C
KEY LARGO FL 33037

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE
NAME LAURENSELLE, TED
STREET ADDRESS 99 AVE C
CITY - ST - ZIP KEY LARGO FL 330371.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE STD ☐ DELETE
NAME COX, MARGERIE
STREET ADDRESS P O BOX 1328, N/A
CITY - ST - ZIP TAVERNIER FL 330702.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE SVPD ☒ DELETE
NAME KIRKPATRICK, ALLAN
STREET ADDRESS PO BOX 294, N/A
CITY - ST - ZIP TAVERNIER FL 330703.1 TITLE ☒ Change ☒ Addition
3.2 NAME SVPD
3.3 STREET ADDRESS DEANTRACY
208 S. COCONUT PALM BLVD
3.4 CITY - ST - ZIP TAVERNIER FL 33070TITLE FVPD ☒ DELETE
NAME DAILY, DALLAS
STREET ADDRESS 96000 OVERSEAS HWY W21
CITY - ST - ZIP KEY LARGO FL 330374.1 TITLE ☒ Change ☒ Addition
4.2 NAME FVPD
4.3 STREET ADDRESS KENNETH E. LEMAN
4.4 CITY - ST - ZIP 55 AVE C
KEY LARGO FL 33037TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MORRIS R. ROBERTS

2 - 19-97 1-305-852-1817

CR2E037 (9/96)