

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1100000000887

1. Entity Name JACKSONVILLE FEDERAL LODGE #125
FRATERNAL ORDER OF POLICE, INC.

FILED

02 MAY 22 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4149 DAVIS CT

Suite, Apt. #, etc.

JACKSONVILLE

City & State

JACKSONVILLE, FL

Zip

32210

Country

USA

3. Mailing Address

P.O. Box 441594

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32222

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RICHARD A. CHRISTOPHERSON

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

4149 DAVIS CT

City

JACKSONVILLE

FL

Zip Code

32210

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.

SIGNATURE

Richard A. Christopherson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICH CHRISTOPHERSON 4149 DAVIS CT JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM LAVANT 3200 WEDGEFIELD BLVD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDITH GOSHORN 4527 BONDARENKO CT KEYSTONE HEIGHTS, FL 32656
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12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard A. Christopherson President 6/6/02

CR2E037B (12/01)