

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000887

FILED  
May 02, 2004  
Secretary of State

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

**Current Principal Place of Business:**

4149 DAVIE COURT  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 441594  
JACKSONVILLE, FL 32222

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CHRISTOPHERSON, RICHARD A  
4149 DAVIE CT.  
JACKSONVILLE, FL 32210 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHRISTOPHERSON, RICH  
Address: 4149 DAVIE CT.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD ( ) Delete  
Name: LAVANT, WILLIAM  
Address: 3200 WEDGEFIELD BLVD.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete  
Name: GOSHORN, JUDITH  
Address: 4527 BONDARENKO COURT  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: SD ( ) Delete  
Name: ALDRIDGE, JAMES  
Address: PO BOX 521278  
City-St-Zip: LONGWOOD, FL 32752

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD A. CHRISTOPHERSON

PD

05/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date