2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003
Secretary of State

DOCUMENT# N00000000887

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 32210

New Mailing Address:

POST OFFICE BOX 441594
JACKSONVILLE, FL 32222

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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: ( ) Delete
Name:
Address:
City-St-Zip:

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: SD ( ) Change (X) Addition
Name: ALDRIDGE, JAMES
Address: PO BOX 521278
City-St-Zip: LONGWOOD, FL 32752

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: JAMES ALDRIDGE SD 02/12/2003

Electronic Signature of Signing Officer or Director — Date