

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90304 047 \*\*\*\*\*61.25

**DOCUMENT # N00000001311**

1. Entity Name

**CEDAR GROVE MOUNTED POLICE POSSE, INC.**



Principal Place of Business

**10202 DAVENPORT AVE  
YOUNGSTOWN FL 32456**

Mailing Address

**1415 BAKER CT  
PANAMA CITY FL 32401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3639123**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HILL, R. MICHAEL  
1415 BAKER COURT  
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **FUQUA, EDWARD G**  
STREET ADDRESS **10202 DAVENPORT AVENUE**  
CITY-ST-ZIP **YOUNGSTOWN FL 32456**

TITLE **D** ☐ Delete  
NAME **FUQUA, RUTH**  
STREET ADDRESS **10202 DAVENPORT AVENUE**  
CITY-ST-ZIP **YOUNGSTOWN FL 32456**

TITLE **D** ☒ Delete  
NAME **PARKER, SUE**  
STREET ADDRESS **2719 EAST 19TH STREET**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ Delete  
NAME **HILL, R. MICHAEL**  
STREET ADDRESS **1415 BAKER CT**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **D** ☐ Delete  
NAME **CHARLES BRAHIER**  
STREET ADDRESS **603 CLOVER ROAD**  
CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **D KAREN LODICO**  
STREET ADDRESS **10192 DAVENPORT AVE**  
CITY-ST-ZIP **PANAMA CITY, FL 32406**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **POY**  
STREET ADDRESS **1210 WYOMING AVE**  
CITY-ST-ZIP **PANAMA CITY, FL 32404**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**4/29/03 850-872-4125**

CR2E037 (10/02)