

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000002115

1. Entity Name

FRATERNAL ORDER OF POLICE, DISTRICT 2, INC.



Principal Place of Business

5530 BEACH BLVD
JACKSONVILLE, FL 32207

Mailing Address

5530 BEACH BLVD
JACKSONVILLE, FL 32207



01032006 No Chg-NP

CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7585970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCADAMS, JEFFERY B
2524 NE 65TH TERRACE
GAINESVILLE, FL 32609

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when retreating)

DATE

1/6/06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCADAMS, JEFFERY B
STREET ADDRESS	2524 NE 65TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	AD
NAME	HARRIS, MARK
STREET ADDRESS	15726 NORTHSIDE DRIVE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	SD
NAME	BARTON, GERILYNN
STREET ADDRESS	PO BOX 9411
CITY-ST-ZIP	FLEMING ISLAND, FL 32006
TITLE	TD
NAME	KILCREASE, DAVID
STREET ADDRESS	5530 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	CD
NAME	CENTALONZA, DESIREE
STREET ADDRESS	2757 ROBINETTE DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000482346
04/11/06-80071-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 817, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06 (352) 334-2420
Date Daytime Phone