2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000002115

1. Entity Name
FRATERNAL ORDER OF POLICE, DISTRICT 2, INC.

Principal Place of Business	Mailing Address
5530 BEACH BLVD JACKSONVILLE, FL 32207	5530 BEACH BLVD JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2453225

☐ 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

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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 _____ 4/12/08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000927319
05/20/08-80101-020 61.25

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #