


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90095 041 ****61.25

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| DOCUMENT # N03000008161 | | | |  | |
| 1. Entity Name FLORIDA STATE LODGE, FRATERNAL ORDER OF POLICE MEMORIAL COMMITTEE, INC. | | | | | |
| Principal Place of Business 242 OFFICE PLAZA TALLAHASSEE FL 32301 | | | Mailing Address 242 OFFICE PLAZA TALLAHASSEE FL 32301 | | |
| 2. Principal Place of Business 242 OFFICE PLAZA Suite, Apt. #, etc. | | 3. Mailing Address P. O. Box 1349 Suite, Apt. #, etc. | | | |
| City & State TALLAHASSEE, FLORIDA 32301 | | City & State Tallahassee, Florida 32302-1349 | | 4. FEI Number 35-2216194 Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32301 | Country LEON | Zip 32302-1349 | Country LEON | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MACK, KENNY 242 OFFICE PLAZA TALLAHASSEE FL 32301 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Cameron, Philip D. 2625 NE 22 Street Fort Lauderdale, Florida 33305 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S. Mack, Kenny P. O. Box 627 Steinhatchee, Florida 32359 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D Merritt, Donald E. 6146 Pickettville Road Jacksonville, Florida 32254-1190 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Holderfield, James A. 1404 St. Elmo Drive Jacksonville, Florida 32207 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Mann, James N. 9834 S.W. 195th Street Miami, Florida 33157 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP Brathlome, Ron 2405 Eagle Trace Drive Kissimmee, Florida 32741 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |



MOORE CR2E037 (11/03)

12. I hereby certify that the information furnished on 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: *Donald E. Merritt* Donald E. Merritt April 19, 2004 904 786-1282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #