2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N03000008161 1. Entity Name 04-25-2005 90224 009 ****61.25 FLORIDA STATE LODGE, FRATERNAL ORDER OF POLICE MEMORIAL COMMITTEE, INC. Principal Place of Business Mailing Address 242 OFFICE PLAZA TALLAHASSEE FL 32301 PO BOX 1349 TALLAHASSEE FL 32302-1349 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 35-2216194 Not Applicable 7ip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACK, KENNY Street Address (P.O. Box Number is Not Acceptable) 242 OFFICE PLAZA TALLAHASSEE FL 32301 City 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11 PD TITLE Delete TITLE DN ☐ Change X Addition CAMERON, PHILIP D NAME . . . NAME MANN, James N. 2625 NE 22 ST STREET ADDRESS STREET ADDRESS 9834 SW 195th Street CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP Miami, Florida 33157 Delete TITLE Change Addition TITLE MACK, KENNY NAME NAME **PO BOX 627** STREET ADDRESS STREET ADDRESS STEINHATCHEE FL 32359 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE MERRITT, DONALD E NAME NAME 6146 PICKETVILLE RD. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32254-1190 CITY-ST-ZIP CITY-ST-ZIP Delete X Addition TITLE TITLE ☐ Change HOLDERFIELD, JAMES A BARTHOLOME, Ron NAME 1404 ST ELMO DRIVE STREET ADDRESS STREET ADDRESS 2405 Eagle Trace Drive JACKSONVILLE FL 32207 CITY-ST-7/P CITY-ST-ZIP Kissimmee, Florida 34725 Change 2VPD X Addition TIFLE Detete. TITE F MANN, JAMES N NAME NAME PRESTON, James W. 702 Hyssop Place 9834 SW 195TH STREET STREET ADDRESS STREET ADDRESS exammenxxitxeidex33510x Brandon, Florida 33510 MIAMI FL 33157 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE C/T/D/ Change X Addition BRATHLOME, RON NAME NAME BARROS, Martin 2405 EAGLE TRACE DRIVE STREET ADDRESS STREET ADDRESS

FILED

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 or en attachment with an address, with all other like empowered.

CITY-ST-ZIP

12313 NW 13 Court

Pembroke Pines. Florida 33026

Donald e. Merritt, Treasurer/Director April 18, 2005 904 786–1282 1871 SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KISSIMMEE FL 34725

CITY-ST-7IP