


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000008161</b>			
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 PO BOX 1349 TALLAHASSEE FL 32302-1349	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MACK, KENNY</b> 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	
		<b>FL</b> 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.		4. FEI Number <b>35-2216194</b> Applied For Not Applicable	
SIGNATURE _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<i>Signature typed or printed name of registered agent and title if applicable.</i>		<i>(NOTE: Registered Agent signature required when reinstating)</i>	
		DATE	



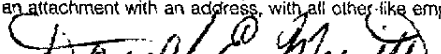
1st MOORE CR2E037 (10/05)

<p><b>FILE NOW: FEE IS \$61.25</b>  <b>Due By May 1, 2006</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>		<p><b>Make Check Payable to Florida Department of State</b></p>	
<p>10. OFFICERS AND DIRECTORS</p>			<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</p>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MANN, JAMES		NAME		
STREET ADDRESS	9834 SW 195TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MACK, KENNY		NAME		
STREET ADDRESS	PO BOX 627		STREET ADDRESS		
CITY-ST-ZIP	STEINHATCHEE FL 32359		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MERRITT, DONALD E		NAME		
STREET ADDRESS	6146 PICKETVILLE RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254-1190		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BARTHOLOME, RON		NAME		
STREET ADDRESS	2405 EAGLE TRACE DR		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34725		CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PRESTON, JAMES W		NAME		
STREET ADDRESS	702 HYSOP PLACE		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33510		CITY-ST-ZIP		
TITLE	CTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BARROS, MARTIN		NAME		
STREET ADDRESS	12313 NW 13 CT		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33026		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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SIGNATURE  Donald E. Merritt March 11, 2006