2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14690

FILED May 25, 2004 Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE, COLLIER COUNTY LODGE NO. 38, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 402

NAPLES, FL 34106 US

Current Mailing Address: New Mailing Address:

P.O. BOX 402

NAPLES, FL 34106 US

FEI Number: 23-7585469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHAEFER, NEAL WHITEHEAD, JOE
355 RIVERSIDE CIRCLE
NAPLES, FL 34102 US STATE S

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.

SIGNATURE: JOE WHITEHEAD 05/25/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 SCHAEFER, NEAL
 Name:
 WHITEHEAD, JOE

 Address:
 355 RIVERSIDE CIRCLE
 Address:
 355 RIVERSIDE CIRCLE

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:
 NAPLES, FL 34102

Title: VD () Delete Title: () Change () Addition

 Name:
 FINMAN, SETH
 Name:

 Address:
 355 RIVERSIDE CIRCLE
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 YOUNG, STEVEN
 Name:

 Address:
 355 RIVERSIDE CIRCLE
 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

 $\label{eq:times} {\sf Title:} \qquad {\sf S} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 O'REILLY, MIKE
 Name:
 WARFORD, JOHN

 Address:
 355 RIVERSIDE CIR.
 Address:
 355 RIVERSIDE CIR.

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:
 NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE WHITEHEAD PD 05/25/2004