2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006
Secretary of State

DOCUMENT# N14690

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

Current Principal Place of Business:

P.O. BOX 402
NAPLES, FL 34106 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 402
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 23-7585469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITEHEAD, JOE
355 RIVERSIDE CIRCLE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WHITEHEAD, JOE	
Address:	355 RIVERSIDE CIRCLE	
City-St-Zip:	NAPLES, FL 34102	
Title:	TD	( ) Delete
Name:	FINMAN, SETH	
Address:	355 RIVERSIDE CIRCLE	
City-St-Zip:	NAPLES, FL 34102	
Title:	VD	( ) Delete
Name:	YOUNG, STEVEN	
Address:	355 RIVERSIDE CIRCLE	
City-St-Zip:	NAPLES, FL 34102	
Title:	S	( ) Delete
Name:	MASON, KEITH	
Address:	355 RIVERSIDE CIR.	
City-St-Zip:	NAPLES, FL 34102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SETH FINMAN TD 06/07/2006

Electronic Signature of Signing Officer or Director — Date