

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

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90084 042 \*\*\*\*61.25

**DOCUMENT # N15084**

1. Entity Name

FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE  
AUXILIARY INC. NC.



Principal Place of Business

6501 SEABOARD AVE  
JACKSONVILLE FL 32244  
US

Mailing Address

6501 SEABOARD AVE  
JACKSONVILLE FL 32244  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E037 (11/03)

4. FEI Number

59-3612110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARA, WANDA'S  
6501 SEABOARD AVE  
JACKSONVILLE FL 32244

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

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ANDRELL, JEAN ☐ Delete  
STREET ADDRESS 22407 NEW YORK AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE TD  
NAME MEYNE, PATTI ☐ Delete  
STREET ADDRESS 114 RIVERSIDE AVE  
CITY-ST-ZIP SATSUMA FL 32189

TITLE VD  
NAME CZACHER, JEANNETE ☐ Delete  
STREET ADDRESS 430 CRANE RD  
CITY-ST-ZIP VENICE FL 34293

TITLE SD  
NAME FARO, WANDA ☐ Delete  
STREET ADDRESS 6501 SEABOARD AVE  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ZVP  
NAME CRWOEN, HELEN ☐ Delete  
STREET ADDRESS 4157 DRIVER KANE  
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 14019 Beach Blvd.  
CITY-ST-ZIP Jacksonville, FL 32250

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Wanda S Faro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04

Date

904-779-7536

Daytime Phone #