


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90047 046 \*\*\*\*61.25

<b>DOCUMENT # N15084</b> 1. Entity Name <b>FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE AUXILIARY INC. NC.</b>					
Principal Place of Business <b>6501 SEABOARD AVE JACKSONVILLE, FL 32244 US</b>			Mailing Address <b>6501 SEABOARD AVE JACKSONVILLE, FL 32244 US</b>		
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>FARO, WANDA S 6501 SEABOARD AVE JACKSONVILLE, FL 32244</b>				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.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ANDRELL, JEAN</b> 22407 NEW YORK AVE PORT CHARLOTTE, FL 33952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VOGEL, MINERVA</b> 5101 ALMAR DR PUNTA GORDA FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MEYNE, PATTI</b> 14019 BEACH BLVD. JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD / VD DEHART, MARK</b> PO BOX 512608 PUNTA GORDA, FL 33951	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CZACHER, JEANNETE</b> 430 CRANE RD VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>FARO, WANDA</b> 6501 SEABOARD AVE JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>FARO, WANDA</b> 6501 SEABOARD AVE JACKSONVILLE, FL 32244	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP <b>CRWOEN, HELEN</b> 4157 DRIVER KANE PORT CHARLOTTE, FL 33981		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
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.					
<b>SIGNATURE: <i>Wanda S Faro</i> WANDA S FARO / SECRETARY</b>			3-14-05 964-779-7536		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		