

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23641 (6)
1. Corporation Name
DIXIE LAWMAN LODGE #116, FRATERNAL ORDER OF POLICE, INC.



Principal Place of Business Mailing Address
CROSS CITY CORRECTIONAL INSTITUTIONAL ROAD P.O. BOX 771 CROSS CITY FL 32628-7771

3. Date Incorporated or Qualified **11/25/1987** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **31-0981694** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LINDSEY, JASPER F JR
ESTELLE BLVD.
POST OFFICE BOX 1883
CROSS CITY FL 32628**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

3-20-94
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	PINNER, JIMMY R	
STREET ADDRESS	P O BOX 165 N/A	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINDSEY, JASPER F JR	
STREET ADDRESS	P.O. BOX 1883 ESTELLE BLVD.	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHESNUT, CYNTHIA A	
STREET ADDRESS	P.O. BOX 274 N/A	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, W.L. (BILLY)	
STREET ADDRESS	P.O. BOX 1234 N/A	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIXON, W J	
STREET ADDRESS	P O BOX 1298 N/A	
CITY-ST-ZIP	CROSS CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-94 **498-5576**
Date Daytime Phone #

CR2E037 (12/95)