

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:17

DOCUMENT # N26530 (8)

1. Corporation Name

FRATERNAL ORDER OF POLICE HARRY RAINES LODGE #22
INC.

Principal Place of Business

Mailing Address

375 FLEMING AVENUE
ORMOND BEACH FL 32174

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ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1988

3a. Date of Last Report

03/07/1994

4. FEI Number

59-2450856

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$0.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

Tax Exempt Status

☒

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONLON, GEORGE J
21 WATERFORD CT
ORMOND BEACH FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

26 S. ST. ANDREWS DR

83

84 City

ORMOND BEACH

FL

85

Zip Code

32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME STIER, RONALD
STREET ADDRESS 552 S. SEGRAVE AVENUE
CITY-ST-ZIP DAYTONA BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SD
STIER, RONALD
552 S. SEAGRAVE AVENUE
DAYTONA BEACH, FL 32114
☒ Change ☐ Addition

TITLE PD
NAME LESTER, MICHAEL
STREET ADDRESS 115 12TH STREET
CITY-ST-ZIP HOLLY HILL FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE SD
NAME BORELLI, JOSEPH
STREET ADDRESS 81 BUCKSKIN LN
CITY-ST-ZIP ORMOND BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD
HORNUNG, CHRISTOPHER
4629 APPLES TR.
PT ORANGE, FL 32119
☒ Change ☐ Addition

TITLE TD
NAME MONROE, ALFRED
STREET ADDRESS 9 HOWARD DRIVE
CITY-ST-ZIP HOLLY HILLS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

HOLLY HILL, FL 32117
☒ Change ☐ Addition

TITLE TR D
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TR D
BORELLI, JOSEPH
81 BUCKSKIN LN
ORMOND BEACH, FL 32174
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 in Block 12 or Block 13 if applicable, or on an appointment with an address.

SIGNATURE:

J. Borelli

2-8-95

904 473-5931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)