

**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 # **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

3. Date Incorporated or Qualified <b>05/20/1988</b>	3a. Date of Last Report <b>02/15/1995</b>
4. FEI Number <b>59-2450856</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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 <b>CONLON, GEORGE J.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>26 S. ST. ANDREWS DR.</b>
83
84 City <b>ORMOND BCH, FL</b>
85 Zip Code <b>32174</b>

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 typed for the listed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STIER, RONALD</b>	1.2 NAME	
STREET ADDRESS	<b>552 S. SEGRAVE AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>TR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LESTER, MICHAEL</b>	2.2 NAME	<b>SICHLER, AL</b>
STREET ADDRESS	<b>115 12TH STREET</b>	2.3 STREET ADDRESS	<b>34 HIGHRIDGE RD.</b>
CITY-ST-ZIP	<b>HOLLY HILL FL</b>	2.4 CITY-ST-ZIP	<b>HOLLY HILL, FL 32117</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HORNUNG, CHRISTOPHER</b>	3.2 NAME	<b>CONLON, GEORGE J.</b>
STREET ADDRESS	<b>4629 APPLES TR</b>	3.3 STREET ADDRESS	<b>26 S. ST. ANDREWS DR.</b>
CITY-ST-ZIP	<b>PT ORANGE FL</b>	3.4 CITY-ST-ZIP	<b>ORMOND BCH, FL 32174</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>T/TR/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONROE, ALFRED</b>	4.2 NAME	
STREET ADDRESS	<b>9 HOWARD DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLY HILLS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TRD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>S/TR/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORELLI, JOSEPH</b>	5.2 NAME	
STREET ADDRESS	<b>81 BUCKSKIN LA</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

2-8-96

Date

904 673-5931

Daytime Phone #

CR2E037 (12/95)