

# 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

**375 FLEMING AVENUE  
ORMOND BEACH FL 32174**

Mailing Address

**375 FLEMING AVENUE  
ORMOND BEACH FL 32174**



3. Date Incorporated or Qualified  
**05/20/1988**

3a. Date of Last Report  
**02/15/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

**59-2450856**

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

10. Name and Address of New Registered Agent

**CONLON, GEORGE J  
21 WATERFORD CT  
ORMOND BEACH FL 32174**

81 Name

**CONLON, GEORGE J.**

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

**26 S. ST. ANDREWS DR.**

83

84 City

**ORMOND BCH.**

**FL**

85 Zip Code

**32174**

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 or printed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **SD STIER, RONALD**  
STREET ADDRESS **552 S. SEGRAVE AVENUE**  
CITY - ST - ZIP **DAYTONA BEACH FL**

1.1 TITLE **P/D** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

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

2.1 TITLE **TR** ☐ Change ☒ Addition  
2.2 NAME **SICHLER, AL**  
2.3 STREET ADDRESS **34 HIGHRIDGE RD.**  
2.4 CITY - ST - ZIP **HOLLY HILL, FL 32117**

TITLE ☒ DELETE  
NAME **VD HORNING, CHRISTOPHER**  
STREET ADDRESS **4629 APPLES TR**  
CITY - ST - ZIP **PT ORANGE FL**

3.1 TITLE **VD** ☐ Change ☒ Addition  
3.2 NAME **CONLON, GEORGE J.**  
3.3 STREET ADDRESS **26 S. ST. ANDREWS DR.**  
3.4 CITY - ST - ZIP **ORMOND BCH. FL 32174**

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

4.1 TITLE **T/TR/D** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **TRD BORELLI, JOSEPH**  
STREET ADDRESS **81 BUCKSKIN LA**  
CITY - ST - ZIP **ORMOND BEACH FL**

5.1 TITLE **S/TR/D** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

*J. Borelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SECRETARY*

*2-8-96*  
Date

*904 673-5931*  
Daytime Phone #

CR2E037 (12/95)