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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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**

**375 FLEMING AVENUE
ORMOND BEACH FL 32174-7547**

3. Date Incorporated or Qualified **05/20/1988** 3a. Date of Last Report **02/19/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2450856	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONLON, GEORGE J
26 S ST. ANDREWS DRIVE
ORMOND BEACH FL 32174**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIER, RONALD	1.2 NAME	
STREET ADDRESS	552 S. SEGRAVE AVENUE	1.3 STREET ADDRESS	PO Box 251465 1800 Cowten Ave
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	HOLLY HILL, FL 32125
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOHLER, AL	2.2 NAME	TRD
STREET ADDRESS	34 HIGHRISE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLON, GEORGE J.	3.2 NAME	
STREET ADDRESS	26 S ST. ANDREWS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TRD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, ALFRED	4.2 NAME	
STREET ADDRESS	9 HOWARD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILLS FL	4.4 CITY-ST-ZIP	
TITLE	STRD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORELLI, JOSEPH	5.2 NAME	
STREET ADDRESS	81 BUCKSKIN LA	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MELODY, FRANCIS
STREET ADDRESS		6.3 STREET ADDRESS	623 DAYTONA AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOLLY HILL, FL 32117

14. I do 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 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:

JOSEPH BORELLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97

Date

904 673-5931

Daytime Phone 0003401

CR2E037 (9/96)