

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 375 FLEMING AVENUE ORMOND BEACH FL 32174	Mailing Address 375 FLEMING AVENUE ORMOND BEACH FL 32174
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3. Date Incorporated or Qualified 05/20/1988	
4. FEI Number 59-2450856	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CONLON, GEORGE J 28 S ST. ANDREWS DRIVE ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent 81 Name MONROE, ALFRED 82 Street Address (P.O. Box Number is Not Acceptable) 9 HOWARD DRIVE 83 84 City HOLLY HILL FL 85 Zip Code 32117

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 *Alfred W. Monroe* **ALFRED W. MONROE** **03/07/98**
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIER, RONALD	1.2 NAME	
STREET ADDRESS	P.O. BOX 251485/ 1200 CENTER AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	1.4 CITY-ST-ZIP	
TITLE	TRD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOHLER, AL	2.2 NAME	
STREET ADDRESS	34 HIGHBRIDGE 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELODY, FRANCIS	3.2 NAME	
STREET ADDRESS	623 DAYTONA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	3.4 CITY-ST-ZIP	HOLLY HILL FL 32117
TITLE	TTRD <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 checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" 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	HOLLY HILL FL 32117
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 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: *Alfred W. Monroe* **ALFRED W. MONROE** **03/07/98** (Sov) 258-5563
Signature and typed or printed name of signing officer or director Date Daytime Phone # (optional)

CR2E037 (10/97)