

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90037 049 ****61.25

DOCUMENT # N26792
 1. Entity Name
FRATERNAL ORDER OF POLICE, NORTHEASTER LODGE #17 INC.



Principal Place of Business
**1 SAWGRASS ROAD
 JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**PO BOX 51140
 JACKSONVILLE BEACH, FL 32240-1140 US**

50015901



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01222005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
23-7585460

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MEYER, GEORGE F JR.
 103 HARBOUR ISLAND CT
 PONTE VEDRA BEACH, FL 32087**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	GUTHRIE, STEVE	
STREET ADDRESS	1708 3RD ST	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
TITLE	Trustee	<input type="checkbox"/> Delete
NAME	BROWN, PAUL	
STREET ADDRESS	1328 14TH AVE N	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLOGNE, E B	
STREET ADDRESS	3 PALMWOOD CT	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	STO	<input checked="" type="checkbox"/> Delete
NAME	MEYER, GEORGE F JR	
STREET ADDRESS	103 HARBOUR ISLAND CT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	President	<input type="checkbox"/> Delete
NAME	ANDERSON, RALPH	
STREET ADDRESS	1875 BEACHSIDE CT	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	MYERS, TIM	
STREET ADDRESS	132 BOUGANVILLE DR	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy Myers **2/14/05** **904-273-4675**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #