


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90403 028 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEYER, GEORGE F JR. 103 HARBOUR ISLAND CT PONTE VEDRA BEACH, FL 32087				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTHRIE, STEVE 1708 3RD ST NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAZIER, Greg 1575 Monument Oaks Drive Jacksonville, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS BROWN, PAUL 1328 14TH AVE N JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bryant, R.D. 101 S. Pennon Rd. Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLOGNE, E B 3 PALMWOOD CT JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Benneck, Tony 101 S. Pennon Rd. Jacksonville, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, RALPH 1875 BEACHSIDE CT ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Myers, Timothy Po. Box 2931 Ponte Vedra Beach, FL 32004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS MYERS, TIM 132 BOUGANVILLE DR PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Timothy Myers</u> 4/17/06 904-273-4675 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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4. FEI Number 23-7585460 Applied For Not Applicable

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