

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27260

FILED
Apr 27, 2007
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE, JACKSONVILLE CONSOLIDATED LODGE NO. 5/30, INC.

Current Principal Place of Business:

5530 BEACH BLVD.
JACKSONVILLE, FL 322075161

New Principal Place of Business:

Current Mailing Address:

5530 BEACH BLVD.
JACKSONVILLE, FL 322075161

New Mailing Address:

FEI Number: 59-1544689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEGAL, T.A. III
424 EAST MONROE STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

DARAGJATI, PAUL A
5530 BEACH BLVD
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: PAUL A DARAGJATI

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUBA, NELSON D
Address: 5530 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: 1VP () Delete
Name: FREITAS, ROBBIE
Address: 5530 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: AMOS, STEVEN
Address: 5530 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: MILLER, LONNIE C JR.
Address: 5530 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: KILCREASE, DAVID E
Address: 5530 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON D CUBA

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date