FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:45

DOCUMENT # N29595 (8)

1. Corporation Name

FRATERNAL ORDER OF POLICE, ROBERT L. PITMAN MEMORIAL LODGE 4, INC.

Principal Place of Business	Mailing Address
P.O.BOX 4267 CLEARWATER FL 34618-1267	P.O.BOX 4267 CLEARWATER FL 34618-1267

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7585972 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REPP, BOB
908 EVELYN AVENUE
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	REPP, BOB	1.2 NAME	
STREET ADDRESS	908 EVELYN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	MILLER, TOM	2.2 NAME	PATTERSON, JEFF
STREET ADDRESS	2120 ARBOR DR.	2.3 STREET ADDRESS	488 MACLEOD TER.
CITY-ST-ZIP	NEWPORT RICHEY FL	2.4 CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	NOESKE, PAUL	3.2 NAME	
STREET ADDRESS	2418 MONDALE CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	PATTERSON, JEFF	4.2 NAME	SMITH, DUANE
STREET ADDRESS	488 MALEOD TER.	4.3 STREET ADDRESS	2026 ORANGESIDE RD.
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	DT	5.1 TITLE	DT ☒ Change ☐ Addition
NAME	POWNALL, RON	5.2 NAME	WILSON, DOUG
STREET ADDRESS	13871 102ND TERRACE N.	5.3 STREET ADDRESS	14314 HAMMERSTONE LN.
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	HUDSON, FL 34669
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Doug Wilson DOUG WILSON 2/14/95 462-6104
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0008270