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FILED

Feb 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29595 (8)

1. Corporation Name

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

Principal Place of Business

P.O. BOX 4267
CLEARWATER FL 34618-1267

Mailing Address

P.O. BOX 4267
CLEARWATER FL 34618-12673. Date Incorporated or Qualified
12/07/19883a. Date of Last Report
01/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-7585972

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REPP, BOB
908 EVELYN AVENUE
CLEARWATER FL 34624

81 Name

PAUL NOESKE

82 Street Address (P.O. Box Number is Not Acceptable)

2418 MONDALE CT.

83

84 City

HOLIDAY

FL

85 Zip Code

34691

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

Paul J. Noeske

(NOTE: Registered Agent signature required when reinstating)

1/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETENAME REPP, BOB
STREET ADDRESS 908 EVELYN AVE
CITY-ST-ZIP CLEARWATER FL1.1 TITLE ~~REPP, BOB~~ ☒ Change ☒ Addition

1.2 NAME

PAUL NOESKE

1.3 STREET ADDRESS

2418 MONDALE CT.

1.4 CITY-ST-ZIP

HOLIDAY, FL. 34691

TITLE DV ☒ DELETENAME PATTERSON, JEFF
STREET ADDRESS 488 MACLEOD TERRACE
CITY-ST-ZIP DUNEDIN FL2.1 TITLE ~~PATTERSON, JEFF~~ ☐ Change ☒ Addition

2.2 NAME

JOSEPH RINALDI

2.3 STREET ADDRESS

8145 BADGER LN.

2.4 CITY-ST-ZIP

NEW PORT RICHEY, FL. 34653

TITLE PD ☒ DELETENAME NOESKE, PAUL
STREET ADDRESS 2418 MONDALE CT.
CITY-ST-ZIP HOLIDAY FL3.1 TITLE ~~NOESKE, PAUL~~ ☐ Change ☒ Addition

3.2 NAME

DUANE SMITH

3.3 STREET ADDRESS

2026 ORANGESIDE RD.

3.4 CITY-ST-ZIP

PALM HARBOR, FL. 34683

TITLE SD ☒ DELETENAME SMITH, DUANE
STREET ADDRESS 2026 ORANGESIDE RD
CITY-ST-ZIP PALM HARBOR FL4.1 TITLE ~~SMITH, DUANE~~ ☐ Change ☒ Addition

4.2 NAME

KENNETH DONAGAN

4.3 STREET ADDRESS

1165 FALCON DR.

4.4 CITY-ST-ZIP

DUNEDIN, FL. 34698

TITLE DT ☐ DELETENAME WILSON, DOUG
STREET ADDRESS 14314 HAMMERSTONE LANE
CITY-ST-ZIP HUDSON FL5.1 TITLE ~~WILSON, DOUG~~ ☒ Change ☐ Addition

5.2 NAME

DOUG WILSON

5.3 STREET ADDRESS

3022 DIGLOW DR.

5.4 CITY-ST-ZIP

HOLIDAY, FL. 34691

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE REQUIRED

Douglas Wilson

1/18/97 462-6019

CR2E037 (9/96)