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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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

Mailing Address

P.O. BOX 4267
CLEARWATER FL 34618-1267

P.O. BOX 4267
CLEARWATER FL 34618-1267

3. Date Incorporated or Qualified

12/07/1988

4. FEI Number

23-7585972

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

33758

25

29

33758

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOESKE, PAUL
2418 MONDALE CT
HOLIDAY FL 34691

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

SD
DONAGAN, KENNETH
1165 FALCON DR
DUNEDIN FL 34698

DELETE

1.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D
NOESKE, PAUL
2418 MONDALE CT.
HOLIDAY FL 34691

DELETE

2.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

PD
SMITH, DUANE
2026 ORANGESIDE RD
PALM HARBOR FL 34683

DELETE

3.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DT
WILSON, DOUG
3022 BIGELOW DR
HOLIDAY FL 34691

DELETE

4.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DV
RINALDI, JOSEPH
8145 BADGER LN
NEW PORT RICHEY FL 34653

DELETE

5.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

6.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

14. 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 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:

Douglas Wilson

1/24/98 (R) S. J. H. H.

CR2E037 (10/97)