## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

N29595

(8)

FRATERNAL ORDER OF POLICE, ROBERT L. PITMAN MEMO RIAL LODGE 4, INC. Principal Place of Business Mailing Address P.O.BOX 4267 P.O.BOX 4267 3. Date Incorporated or Qualified **CLEARWATER FL 34618-1267** CLEARWATER FL 34618-1267 12/07/1988 4. FEI Number Applied For 23-7585972 Not Applicable Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution П Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 No Yes Yes Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 33758 24 3375B Personal Property Tax due June 30. 29 30 ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NOESKE, PAUL Street Address (P.O. Box Number is Not Acceptable) 2418 MONDALE CT **HOLIDAY FL 34691** 83 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition DONAGAN, KENNETH NAME 1.2 NAME 1165 FALCON DR STREET ADDRESS 1.3 STREET ADDRESS DUNEDIN FL 34898 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE ☐ Change 2.1 TITLE ☐ Addition NOESKE, PAUL NAME 2.2 NAME 2418 MONDALE CT. STREET ADDRESS 2.3 STREET ADDRESS HOLIDAY FL 34691 CITY-\$T-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Addition 3.1 TITLE ☐ Change SMITH, DUANE NAME 3.2 NAME 2026 ORANGESIDE RD STREET ADDRESS 3.3 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIF 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE Change WILSON, DOUG NAME 4. 2 NAME 3022 BIGELOW DR STREET ADDRESS 4.3 STREET ADDRESS HOLIDAY FL 34691 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE

CITY-ST-ZIP 6.4 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

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

RINALDI, JOSEPH

8145 BADGER LN

**NEW PORT RICHEY FL 34653** 

. THE CANCELLAND

1/24/00 /812/ 012 4123

☐ Change

Change

Addition

Addition

**FILED** 

Feb 05 1998 8:00am

Secretary of State