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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

* 383830-90189-49 *

DOCUMENT # N29595

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 33758 US	P.O.BOX 4267 CLEARWATER FL 33758 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	28	12/07/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7585972 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DONAGAN, KENNETH 1165 FALCON DR DUNEDIN FL 34698	☒ DELETE	1.1 TITLE D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SECRETARY JANET DONAGAN 90 HIGHLAND AVE. UNIT B113 TARPON SPRINGS, FL. 34689 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOESKE, PAUL 2418 MONDALE CT. HOLIDAY FL 34691	☒ DELETE	2.1 TITLE D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TRUSTEE PAUL NOESKE 2418 MONDALE CT. HOLIDAY, FL. 34691 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, DUANE 2026 ORANGESIDE RD PALM HARBOR FL 34683	☒ DELETE	3.1 TITLE D 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VICE PRESIDENT RICHARD HARRIS 3048 EASTLAND BLVD, C-107 Clearwater, FL 34621 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WILSON, DOUG 3022 BIGELOW DR HOLIDAY FL 34691	☒ DELETE	4.1 TITLE D 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TREASURER DOUG WILSON 2837 CINNAMON BEAR TRAIL PALM HARBOR, FL. 34684 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RINALDI, JOSEPH 8145 BADGER LN NEW PORT RICHEY FL 34653	☒ DELETE	5.1 TITLE D 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PRESIDENT JOSEPH RINALDI 8145 BADGER LANE NEW PORT RICHEY, FL. 34653 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Douglas Wilson DOUGLAS WILSON 1/23/99 562-4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #