FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2002 8:00 am Secretary of State **DOCUMENT # N30885** 1. Entity Name 09-12-2002 90093 037 ****70.00 THE FRATERNAL ORDER OF FIREFIGHTERS GRAND LODGE. INC. Principal Place of Business Mailing Address 2801 TUXEDO AVE 2801 TUXEDO AVE U U U U A T W PALM BEACH FL 33405 W PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address no chave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOREY, RICK J 128 LONGFELLOW DRIVE LAKE WORTH FL 33461 8. The above named submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations q SIGNATURE of registered agent and title if applicable. 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be Make Check Payable to \Box min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITI E Delete TITLE BERLIN, ROBERT A. NAME NAME STREET ADDRESS 5650 SEA PINE RD STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP Delete TITLE Addition DOREY, RICK J. NAME NAME -Greene 128 LONGFELLOW DR. STREET ADDRESS STREET ADDRESS Dixie Highu CITY-ST-ZIP PALM SPIRNGS FL CITY-ST-ZIP TITLE TITLE Delete **EVERETT, CARLO** NAME STREET ADDRESS 8353 159TH CRT N STREET ADDRESS CITY-ST-ZIP PALM BCH GARDEN FL 33418 CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME いつどうに STREET ADDRESS STREET ADDRESS Dixie CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-73P

561-459-2115

Change

☐ Addition