FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32665 (4)

1. Corporation Name

PANAMA CITY AREA LODGE 130, FRATERNAL ORDER OF P OLICE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1209 1/2 E. 15TH STREET P. O. BOX 2461 PANAMA CITY FL 32402	1209 1/2 E. 15TH STREET P. O. BOX 2461 PANAMA CITY FL 32402

3. Date Incorporated or Qualified: 06/05/1989
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2918181 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BATES, DAN
2809 WOODMERE DR
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: Yuille M. Young
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4503 Crestbrook Dr.
84 City: Panama City FL 85 Zip Code: 32404

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Yuille M. Young Yuille M. Young, Treasurer 4/17/95
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	1.1 TITLE		☐ Change ☐ Addition
NAME	MONTGOMERY, BARBARA	1.2 NAME		
STREET ADDRESS	3039 SARASOTA AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BATES, DAN	2.2 NAME	Dan Bates	
STREET ADDRESS	2809 WOODMERE DRIVE	2.3 STREET ADDRESS	2809 Woodmere Dr.	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE		3.1 TITLE	TD	☐ Change ☒ Addition
NAME		3.2 NAME	Yuille M. Young	
STREET ADDRESS		3.3 STREET ADDRESS	4503 Crestbrook Dr.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Panama City, FL 32404	
TITLE		4.1 TITLE	PD	☐ Change ☒ Addition
NAME		4.2 NAME	Jimmy Stanford	
STREET ADDRESS		4.3 STREET ADDRESS	1209 E. 15 St.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Panama City, FL 32401	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Yuille M. Young Yuille M. Young 4/17/95 (904) 769-0864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #