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FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N32665 (4)

1. Corporation Name

PANAMA CITY AREA LODGE 130, FRATERNAL ORDER OF POLICE, INC.

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 32402-2461



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/05/1989

3a. Date of Last Report

05/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

METTILLE, MICHAEL
2121 HARRISON AVENUE
PANAMA CITY FL 32405

81 Name

Les A Nelson

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

6 HARVARD CIR

83

PANAMA CITY

84 City

FL

85 Zip Code

32405

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 LEO A NELSON

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

(NOTE: Registered Agent signature required when reinstating)

2-5-97

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME MONTGOMERY, BARBARA
STREET ADDRESS 3039 SARASOTA AVE
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE VD
NAME BATES, DAN
STREET ADDRESS 2809 WOODMERE DR.
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE TD
NAME METTILLE, MICHAEL
STREET ADDRESS 2121 HARRISON AVENUE
CITY-ST-ZIP PANAMA CITY FL

☒ DELETE

TITLE PD
NAME MCNEIL, STEVE
STREET ADDRESS 1800 LOBLOLLY LANE
CITY-ST-ZIP LYNN HAVEN FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

CR2E037 (9/96)