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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 20 1997 8:00am

Secretary of State

Zip Code

Sandra B. Wortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N32665

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

Principal Place of Business

Mailing Address

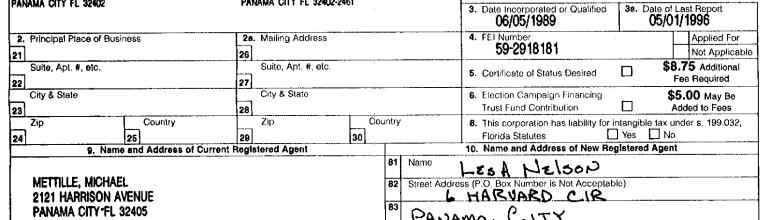
1209 1/2 E. 15TH STREET P. O. BOX 2461 PANAMA CITY FL 32402

STREET ADDRESS

CITY-ST-ZIP

1209 1/2 E. 15TH STREET P. O. BOX 2461

PANAMA CITY FL 32402-2461



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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 anthorized 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 hon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change : Addition DELETE 1/1 TITLE TITLE 12 NAME MONTGOMERY, BARBARA NAME 3039 SARASOTA AVE STREET ADDRESS 1/3 STREET ADDRESS PANAMA CITY FL 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME BATES, DAN NAME 2809 WOODMERE DR. 2,3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change **Addition** 3 TOLE TITLE GREG WILSON METTILLE, MICHAEL 3.2 NAME NAME POBOX 2461 . NA 2121 HARRISON AVENUE 3,3 STREET ADDRESS STREET ADDRESS PANama CITY, FLORIDA 32402 PANAMA CITY FL 3,4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4,1 TITLE \*Addition TITLE PD hes pelson MCNEIL, STEVE 4. 2 NAME NAME LHARVARD CIR 1600 LOBLOLLY LANE 4,3 STREET ADDRESS STREET ADDRESS PANama CITY, FLA Lynn haven fl 4.4 CITY-ST-ZIP CITY-ST-ZIP , T. DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP LI DELETE Change Addition 61 TITLE TITLE NAME

6.4 CITY - ST - ZIP 14. I do hereb, 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. 2892.

6.3 STREET ADDRESS