2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N32665

FILED Feb 10, 2003 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:			
3421 N. H P. O. BOX PANAMA (;			
Current Mailing Address:		New Mailing Address:			
PO BOX 2 PANAMA (461 CITY, FL 32401				
FEI Number	: 59-2918181	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status I	Desired (X)
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		ent:	
PURVIS, M 3421 N. H PANAMA		5 US			
		ubmits this statement for the	nurnose of changing i	ts registered office or registered a	gent or both
	e named entity s e of Florida.	ubilitis tilis statement for the	purpose of changing i	to regiotored embe of regiotored a	goni, or boin,
	e of Florida.	upinits tins statement for the	purpose of changing f	to registered office of registered as	gent, er betil,
n the State	e of Florida. RE:	c Signature of Registered Ag		Date	
in the State	e of Florida. RE:	c Signature of Registered Ag	gent		
in the State	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Ag F ORS: Delete IMY	gent	Date	
in the State SIGNATUI OFFICER: Title: Name: Address:	e of Florida. RE: Electroni S AND DIRECT D () STANFORD, JIM 3421 N. HWY 77 PANAMA CITY, I	c Signature of Registered Ag ORS: Delete IMY FL 32405 Delete	gent ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AN	
n the State SIGNATUI OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	E of Florida. RE: Electroni S AND DIRECT D () STANFORD, JIM 3421 N. HWY 77 PANAMA CITY, I D () BISHOP, DUANE PO BOX 2461 PANAMA CITY, I	c Signature of Registered Ag FORS: Delete IMY FL 32405 Delete EL 32401 Delete	gent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AN () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE PURVIS T 02/10/2003