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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:09

DOCUMENT # **N37849** **(9)**

1. Corporation Name

FORT WALTON BEACH LODGE NUMBER 44, FRATERNAL ORDER OF POLICE INC.

Principal Place of Business	Mailing Address
P.O. BOX 965 FT WALTON BEACH FL 32549-0965	P.O. BOX 965 FT WALTON BEACH FL 32549-0965

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/26/1990**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-3011625** ☐ 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

WALKER, JAMES
24 POPLAR AVE
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81 Name: Stephen Spinella
82 Street Address (P.O. Box Number is Not Acceptable): 1703 Colonial Ct
83
84 City: Ft Walton Beach **FL** 85 Zip Code: 32547

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: Stephen R Spinella 4-3-95
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	D	11 TITLE	PD	☒ Change ☐ Addition
NAME	CHENEY, PHIL	12 NAME	Stephen Spinella	
STREET ADDRESS	PO BOX 965 NA	13 STREET ADDRESS	1703 Colonial Ct	
CITY-ST-ZIP	FT WALTON BCH FL	14 CITY-ST-ZIP	Ft Walton Beach, FL 32547	
TITLE	PD	21 TITLE	S D	☒ Change ☐ Addition
NAME	WALKER, JAMES	22 NAME	Keller, Laurie	
STREET ADDRESS	24 POPLAR AVE	23 STREET ADDRESS	1191 Saddle Creek Dr	
CITY-ST-ZIP	SHALIMAR FL	24 CITY-ST-ZIP	Ft Walton Beach, FL 32547	
TITLE	VD	31 TITLE	D	☒ Change ☐ Addition
NAME	BERRY, ROSEMARIE	32 NAME	Berry, Rosemarie	
STREET ADDRESS	P O BOX 943	33 STREET ADDRESS	P O Box 943	N/A
CITY-ST-ZIP	FT WALTON BEACH FL	34 CITY-ST-ZIP	Ft Walton Beach, FL 32549	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(k), 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: Stephen R Spinella Stephen Spinella 031695 9042437661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071907