

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

FILED

96 SEP -6 AM 11:37



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

04/26/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3011625

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPINELLA, STEPHEN
1703 COLONIAL CT
FT WALTON BEACH FL 32547

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD
NAME SPINELLA, STEPHEN
STREET ADDRESS 1703 COLONIAL CT
CITY-ST-ZIP FT WALTON BCH FL

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

TITLE SD
NAME KELLER, LAURIE
STREET ADDRESS 1191 SADDLE CREEK DR
CITY-ST-ZIP FT WALTON EBACH FL

2.1 TITLE D
2.2 NAME BROWN, TIMOTHY
2.3 STREET ADDRESS 3583 Buckhorn Dr
2.4 CITY-ST-ZIP Crestview FL 32536

TITLE D
NAME BERRY, ROSEMARIE
STREET ADDRESS P OBOX 943
CITY-ST-ZIP FT WALTON BEACH FL

3.1 TITLE D
3.2 NAME BERRY, ROSEMARIE
3.3 STREET ADDRESS P.O. BOX 943 (N/A)
3.4 CITY-ST-ZIP FT WALTON BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 R SPINELLA

August 1 1996 904 862 8546

Date

Daytime Phone #

0017685

CR2E037 (3/96)