

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37849

FILED
May 03, 2004
Secretary of State

Entity Name: EMERALD COAST LODGE #44, FRATERNAL ORDER OF POLICE, INC.

Current Principal Place of Business:

POST OFFICE BOX 965
FORT WALTON BEACH, FL 325490965 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 965
FORT WALTON BEACH, FL 325490965 US

New Mailing Address:

FEI Number: 59-3011625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, TIMOTHY S
3583 BUCKHORN DRIVE
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, TIMOTHY S
Address: 3583 BUCKHORN DRIVE
City-St-Zip: CRESTVIEW, FL 32536 US

Title: PD () Delete
Name: HULL, ROBERT S
Address: C/O 7 HOLLYWOOD BOULEVARD, NE
City-St-Zip: FORT WALTON BEACH, FL 325484993 US

Title: SD () Delete
Name: KELLER, LAURIE A
Address: C/O 1250 NORTH EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579 US

Title: TD () Delete
Name: HOGAN, MICHAEL J
Address: C/O 7 HOLLYWOOD BOULEVARD, NE
City-St-Zip: FORT WALTON BEACH, FL 325484993 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL J. HOGAN

TD

05/03/2004

Electronic Signature of Signing Officer or Director

Date