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

APPROVED AND FILED
95 JAN 17 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT# N39675 (6)

1. Corporation Name
FRATERNAL ORDER OF POLICE CAPITAL CITY LODGE #14 1, INC.

Principal Place of Business	Mailing Address
220 F.W. THARPE ST. SUITE F TALLAHASSEE FL 32315	P.O. BOX 38274 TALLAHASSEE FL 32315

3. Date Incorporated or Qualified: 08/27/1990
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-2994943 ☐ Applied For ☐ Not Applicable

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 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

KERSEY, JAMES P JR
%FAL. DEPT. OF CORRECTIONS P&PSUC
1131 LIVEOAK ST.
QUINCY FL 32351

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/Tr	☒ Change ☐ Addition
NAME	MANZI, MERLE	1.2 NAME	Phillip Fusilier	
STREET ADDRESS	P.O. BOX 38274 N/A	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D/V	☒ Change ☐ Addition
NAME	FISHER, WILLIAM	2.2 NAME	William Fisher	
STREET ADDRESS	P.O. BOX 38274 N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D/S	☒ Change ☐ Addition
NAME	JUDAH, SUSAN	3.2 NAME	James P. Kersey, Jr.	
STREET ADDRESS	P.O. BOX 38274 N/A	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D/P	☒ Change ☐ Addition
NAME	WELLS, ROBERT	4.2 NAME	Robert Wells	
STREET ADDRESS	P.O. BOX 38274 N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D/T	☒ Change ☐ Addition
NAME	BOYD, RICHARD	5.2 NAME	Charles Malloy	
STREET ADDRESS	P.O. BOX 38274 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LOGAN, KELLY	6.2 NAME	Carollee Jones	
STREET ADDRESS	P.O. BOX 38274 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	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)(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.

SIGNATURE: Robert O Wells ROBERT O WELLS 1/13/95 385-3468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027778