FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N39675 (6)

1. Corporation Name

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

Principal Place of Business

~~220 F.W. THARPE ST.~~
SUITE F
TALLAHASSEE FL 32315

Mailing Address

P.O. BOX 38274
TALLAHASSEE FL 32315

3. Date Incorporated or Qualified: 08/27/1990
3a. Date of Last Report: 01/17/1995
4. FEI Number: 59-2994943 — ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 220 W. Tharpe St.
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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 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 ____ DATE ____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	~~DT~~	☐ DELETE
NAME	FUSILIER, PHILLIP	
STREET ADDRESS	P.O. BOX 38274 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	☐ DELETE
NAME	~~FISHER, WILLIAM~~	
STREET ADDRESS	P.O. BOX 38274 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DS	☐ DELETE
NAME	KERSEY, JAMES P., JR.	
STREET ADDRESS	P.O. BOX 38274 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DP	☐ DELETE
NAME	WELLS, ROBERT	
STREET ADDRESS	P.O. BOX 38274 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DT	☐ DELETE
NAME	~~MALLOY, CHARLES~~	
STREET ADDRESS	P.O. BOX 38274 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	~~JONES, CAROLLEE~~	
STREET ADDRESS	P.O. BOX 38274 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE	D	☑ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☑ Change	☐ Addition
2.2 NAME	CHUCK MALLOY		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☑ Change	☐ Addition
5.2 NAME	DANIEL BOIE		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☑ Change	☐ Addition
6.2 NAME	BOB BRADFORD		
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: Robert O. Wells PRESIDENT 1/21/96 (904) 385-3468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)