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FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

220 W THARPE STREET
SUITE F
TALLAHASSEE FL 32315
USP.O. BOX 38274
TALLAHASSEE FL 32315-8274

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/27/1990

3a. Date of Last Report

01/26/1996

4. FEI Number

59-2994943

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

81 Name

ROBERT O WELLS

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

220 W THARPE STREET

83

SUITE F

84 City

TALLAHASSEE

FL

85 Zip Code

32315

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

ROBERT O WELLS SECRETARY

DATE 2/12/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME FUSILIER, PHILLIP
STREET ADDRESS P.O. BOX 38274 N/A
CITY - ST - ZIP TALLAHASSEE FLTITLE DV ☐ DELETENAME MALLOY, CHUCK
STREET ADDRESS P.O. BOX 38274 N/A
CITY - ST - ZIP TALLAHASSEE FLTITLE DS ☒ DELETENAME KERSEY, JAMES P., JR.
STREET ADDRESS P.O. BOX 38274 N/A
CITY - ST - ZIP TALLAHASSEE FLTITLE DP ☐ DELETENAME WELLS, ROBERT
STREET ADDRESS P.O. BOX 38274 N/A
CITY - ST - ZIP TALLAHASSEE FLTITLE DT ☒ DELETENAME BUIE, DANIEL
STREET ADDRESS P.O. BOX 38274 N/A
CITY - ST - ZIP TALLAHASSEE FLTITLE D ☒ DELETENAME BRADFORD, BOB
STREET ADDRESS P.O. BOX 38274 N/A
CITY - ST - ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DP ☒ Change ☐ AdditionDV ☐ Change ☒ Addition

TERLIKIS, STEPHANOS

P.O. BOX 38274

TALLAHASSEE, FL

N/A

DS ☒ Change ☐ AdditionDT ☐ Change ☒ Addition

ARTHUR AVIRON, ARTHUR

P.O. BOX 38274

TALLAHASSEE, FL

N/A

D ☐ Change ☒ Addition

TURNBULL, SAMUEL

P.O. BOX 38274

TALLAHASSEE, FL

N/A

14. I do hereby certify that the information supplied with this filing 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 or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director ROBERT O WELLS 2/12/97 (904) 385-3468

CR2E037 (9/96)