

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90264 022 \*\*\*\*61.25

**DOCUMENT # N41609**

1. Entity Name  
**FRATERNAL ORDER OF POLICE, CLAY COUNTY LODGE  
#104, INCORPORATED**



Principal Place of Business  
**2457 C.R. 220  
DOCTORS INLET, FL 32030 US**

Mailing Address  
**P.O. BOX 187  
GREEN COVE SPRINGS, FL 32043 US**

**94076229**



2. Principal Place of Business  
**2547 C.R. 220**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State  
**MIDDLEBURG, FL**

City & State

4. FEI Number  
**23-7431553**

Applied For  
Not Applicable

Zip  
**32068**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARVEY, WALTER R  
5336 S.R. 209 SOUTH  
GREEN COVE SPRINGS, FL 32043**

7. Name and Address of New Registered Agent

Name  
**DESIREE A. CENTALONZA**

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

**2757 ROBINETTE DRIVE**

City  
**ORANGE PARK, FL**

Zip Code  
**32073**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Desiree A. Centalanza* **DESIREE A. CENTALONZA**

**4/27/04**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CENTALONZA, DESIREE A  
2757 ROBINETTE DR  
ORANGE PARK, FL 32073** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HARVEY, WALTER R  
5336 S.R. 209 SOUTH  
GREEN COVE SPRINGS, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
JONES, KENNETH  
1790 LAKEMONT CIR  
ORANGE PARK, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
JONES, RALPH  
4821 PINE AVE.  
MIDDLEBURG, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
KNOWLES, REBECCA  
868 WARNER ROAD  
GREEN COVE SPRINGS, FL 32043** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CHRISTOPHER DANGERFIELD  
3596 TRAILRIDGE ROAD  
MIDDLEBURG, FL 32068** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
DONALD SUTHERLAND  
134 DOW CT  
GREEN COVE SPRINGS, FL 32043** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
GEORGE CHANDLER  
4126 PINTO RD  
MIDDLEBURG, FL 32068** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Desiree A. Centalanza* **DESIREE A. CENTALONZA**

**4/27/04**

**(904) 591-4826**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #