


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N41609 1. Entity Name FRATERNAL ORDER OF POLICE, CLAY COUNTY LODGE #104, INCORPORATED	
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Principal Place of Business 2547 C.R. 220 DOCTORS INLET, FL 32030 US	Mailing Address P.O. BOX 187 GREEN COVE SPRINGS, FL 32043 US
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05052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7431553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CENTALONZA, DESIREE A 2757 ROBINETTE DRIVE ORANGE PARK, FL 32073

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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 _____
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 September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000367677 05/19/05-80006-008 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CENTALONZA, DESIREE A 2757 ROBINETTE DR ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DANGERFIELD, CHRISTOPHER 3596 TRAILRIDGE ROAD MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SUTHERLAND, DONALD 134 DOW CT GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CHANDLER, GEORGE 4126 PINTO RD MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **5/10/05** **904-591-4826**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #