



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90019 013 ****61.25

DOCUMENT # N41609 1. Entity Name FRATERNAL ORDER OF POLICE, CLAY COUNTY LODGE #104, INCORPORATED					
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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 65817 Suite, Apt. #, etc.			
City & State Zip Country		City & State ORANGE PARK, FL Zip Country 32065 US		4. FEI Number 23-7431553	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CENTALONZA, DESIREE A 2757 ROBINETTE DRIVE ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Centalonza, Desiree A Street Address (P.O. Box Number is Not Acceptable) 2644 ROSEWOOD CT 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 <u><i>Desiree A Centalonza</i></u> <i>Secretary</i> <u>5/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CENTALONZA, DESIREE A 2757 ROBINETTE DR ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DANGERFIELD, CHRISTOPHER 3596 TRAILRIDGE ROAD MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUTHERLAND, DONALD 134 DOW CT GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHANDLER, GEORGE 4126 PINTO RD MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Desiree A Centalonza</i> Desiree Centalonza 5/10/06 904-272-4298 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					