

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41609

FILED
Jan 26, 2008
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE, CLAY COUNTY LODGE #104, INCORPORATED

Current Principal Place of Business:

2547 C.R. 220
DOCTORS INLET, FL 32030 US

New Principal Place of Business:

Current Mailing Address:

PO BX 65817
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 23-7431553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANGERFIELD, CHRISTOPHER L
3596 TRAIL RIDGE RD
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WILLIAMS, MATTHEW
Address: 1237 WHIPSTICK TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: DP () Delete
Name: DANGERFIELD, CHRISTOPHER
Address: 3596 TRAILRIDGE ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: DV () Delete
Name: CHANDLER, CLAY
Address: 3346 WESTFIELD RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DV () Delete
Name: COLDIRON, CHRISTOPHER A
Address: 94 VANDERFORD RD EAST
City-St-Zip: ORANGE PARK, FL 32073

Title: DT () Delete
Name: CONRAD, SCOTT
Address: 1793 COVENTRY CT
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: COLDIRON, CHRISTOPHER A
Address: 94 VANDERFORD RD EAST
City-St-Zip: ORANGE PARK, FL 32073

Title: DV (X) Change () Addition
Name: GOLDNER, DAVID
Address: 901 NORTH ORANGE AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER L DANGERFIELD

DP

01/26/2008

Electronic Signature of Signing Officer or Director

Date