

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41609

FILED  
May 11, 2009  
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:**

2547 C.R. 220  
MIDDLEBURG, FL 32068 US

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

WILLIAMS, MATTHEW L  
1237 WHIPSTICK TRAIL  
MIDDLEBURG, FL 32068 US

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: MATTHEW L. WILLIAMS

05/11/2009

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: COLDIRON, CHRISTOPHER A  
Address: 94 VANDERFORD RD EAST  
City-St-Zip: ORANGE PARK, FL 32073

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WILLIAMS, MATTHEW L  
Address: 1237 WHIPSTICK TRAIL  
City-St-Zip: MIDDLEBURG, FL 32068

Title: S (X) Change ( ) Addition  
Name: BROWN, MATTHEW C  
Address: 1780 SAW LAKE DR  
City-St-Zip: MIDDLEBURG, FL 32068

Title: T (X) Change ( ) Addition  
Name: BARTON, GERILYNN  
Address: P.O. BOX 9411  
City-St-Zip: FLEMING ISLAND, FL 32006

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

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: MATTHEW L. WILLIAMS

DP

05/11/2009

Electronic Signature of Signing Officer or Director

Date