

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90164 022 ****61.25

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DOCUMENT # N43564

1. Corporation Name

FRATERNAL ORDER OF POLICE LODGE #69, INC.

Principal Place of Business

2310 6TH STREET
VERO BEACH FL 32960

Mailing Address

P.O. BOX 1588
VERO BEACH FL 32961-1588



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21	ELKS LODGE 1774	26	1350-26th St.	05/20/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
N/A				NOT APPLICABLE	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
VERO BEACH		FLORIDA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
32960		Country		INDIAN RIVER	
24		25		30	

9. Name and Address of Current Registered Agent

SICKMAN, BYRON D
2905 1ST LANE
VERO BEACH FL 32968

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, C. PHILIP	1.2 NAME	
STREET ADDRESS	3336 2 PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32968	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICKMAN, BYRON D	2.2 NAME	
STREET ADDRESS	2905 1 LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32968	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERHARDT, SUSIE	3.2 NAME	
STREET ADDRESS	2310 6 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHERT, BILL	4.2 NAME	
STREET ADDRESS	783 24 SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-99 561-569-5355

Date

Daytime Phone #

CR2E037 (11/98)