

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90031 001 ****61.25

DOCUMENT # N43564

1. Entity Name
FRATERNAL ORDER OF POLICE LODGE #69, INC.



Principal Place of Business
2310 6TH STREET
VERO BEACH, FL 32962

Mailing Address
P.O. BOX 1588
VERO BEACH, FL 32961

44019950



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7585499

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **CRAIG, C. PHILIP**
STREET ADDRESS **3336 2 PLACE**
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE **DV** ☐ Delete
NAME **SICKMAN, BYRON D**
STREET ADDRESS **2905 1 LANE**
CITY-ST-ZIP **VERO BEACH, FL 32968**

TITLE **TD** ☐ Delete
NAME **ERHARDT, SUSIE**
STREET ADDRESS **2310 6 STREET**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE **T** ☐ Delete
NAME **VOLK, MICHAEL**
STREET ADDRESS **P.O. BOX ~~6650~~ 5262**
CITY-ST-ZIP **VERO BEACH, FL 32961 ~~6656~~ 52**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 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:

Susie Erhardt, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04 772-778-3507

Date Daytime Phone #