FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:28

DOCUMENT # N45637 (8)

1. Corporation Name

MARION COUNTY FRATERNAL ORDER OF POLICE #145, INC.

Principal Place of Business	Mailing Address
5451 SE MARICAMP RD OCALA FL 34471 US	PO BOX 6473 OCALA FL 34478 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1991
3a. Date of Last Report: 03/17/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MC NAMEE, PHILIP W.
9180 S. US HWY 441
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name: McNAMEE, PHILLIP W.
82 Street Address (P.O. Box Number is Not Acceptable): 5451 S.E. MARICAMP RD
83
84 City: OCALA FL 85 Zip Code: 34471

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	MCNAMER, PHILLIP W.	1.2 NAME	McNAMEE, PHILLIP W.
STREET ADDRESS	4510 SE 59 ST.	1.3 STREET ADDRESS	~~4510 SE 59 ST~~ 5451 S.E. MARICAMP RD
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FL, 34471
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	LOHGAVER, RICHARD	2.2 NAME	RICHTER, PETER
STREET ADDRESS	10851 NE 36 AVE.	2.3 STREET ADDRESS	5451 S.E. MARICAMP RD
CITY-ST-ZIP	ANTHONY FL	2.4 CITY-ST-ZIP	OCALA, FL. 34471
TITLE	DS	3.1 TITLE	DS ☒ Change ☐ Addition
NAME	WABBERSON, DEBORAH A.	3.2 NAME	WABBERSON, DEBORAH A.
STREET ADDRESS	9180 S US HWY 441	3.3 STREET ADDRESS	5451 S.E. MARICAMP RD
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL., 34471
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	FEDDERS, KENNETH O	4.2 NAME	
STREET ADDRESS	5451 SE MARICAMP RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished ~~and 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.

SIGNATURE: Kenneth O. Fedders Treas. 2-7-95 (904) 351-8077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005404