

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45637 (8)

1. Corporation Name

MARION COUNTY FRATERNAL ORDER OF POLICE #145, IN C.



Principal Place of Business

5451 SE MARICAMP RD
OCALA FL 34471
US

Mailing Address

PO BOX 6473
OCALA FL 34478
US

2. Principal Place of Business

21 4510 SE 59 ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

OCALA FL

28 City & State

City & State

24 Zip

34471

25 Country

US

29 Zip

Zip

30 Country

Country

9. Name and Address of Current Registered Agent

MCNAMEE, PHILLIP W
5451 SW MARICAMP RD
OCALA FL 34471

3. Date Incorporated or Qualified
10/15/1991

3a. Date of Last Report
02/14/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name PHILLIP MCNAMEE

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

4510 SE 59 ST.

83

84 City OCALA

FL

85 Zip Code 34471

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

TITLE ☐ DELETE

NAME MCNAMER, PHILLIP W.
STREET ADDRESS 5451 SE MARICAMP RD
CITY-ST-ZIP OCALA FL

TITLE ☐ DELETE

NAME RICHTER, PETER
STREET ADDRESS 5451 SE MARICAMP RD
CITY-ST-ZIP OCALA FL

TITLE ☐ DELETE

NAME WABBERSON, DEBORAH A.
STREET ADDRESS 5451 SE MARICAMP RD
CITY-ST-ZIP OCALA FL

TITLE ☒ DELETE

NAME FEDDERS, KENNETH O
STREET ADDRESS 5451 SE MARICAMP RD
CITY-ST-ZIP OCALA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4510 SE 69 ST
1.4 CITY-ST-ZIP OCALA FL 34471

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4510 SE 59 ST
2.4 CITY-ST-ZIP OCALA FL 34471

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 4510 SE 59 ST
3.4 CITY-ST-ZIP OCALA FL 34471

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS BORGIONI, STEVEN F.
4.4 CITY-ST-ZIP 4510 SE 59 ST
OCALA FL 34471

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

Signature and typed or printed name of signing officer or director

042496

Date

352-622-7638

Daytime Phone #

CR2E037 (12/95)