# 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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45971** **(1)**

1. Corporation Name

**FRATERNAL ORDER OF POLICE TWIN CITIES LODGE #115 , INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 872<br>VALPARAISO FL 32580 | POST OFFICE BOX 872<br>VALPARAISO FL 32580 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1991**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **59-2679756** ☐ 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 (21) / Suite, Apt. #, etc (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

ADIAR, MICHAEL
1513 PINE STREET
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

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

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | ADAIR, ROY MICHAEL | 12 NAME | | |
| STREET ADDRESS | 1513 PINE STREET | 13 STREET ADDRESS | | |
| CITY ST ZIP | NICEVILLE FL | 14 CITY ST ZIP | | |
| TITLE | ~~VP~~ | 21 TITLE | | ☑ Change ☐ Addition |
| NAME | CLARK, RALPH | 22 NAME | DELETE | |
| STREET ADDRESS | 1404 19TH ST DELETE | 23 STREET ADDRESS | | |
| CITY ST ZIP | NICEVILLE FL | 24 CITY ST ZIP | | |
| TITLE | STD | 31 TITLE | | ☑ Change ☐ Addition |
| NAME | MYERS, WILLIAM J. | 32 NAME | | |
| STREET ADDRESS | ~~308 OKALOOSA AVENUE~~ P.O. Box 178 | 33 STREET ADDRESS | P.O. Box 178 | W/A |
| CITY ST ZIP | ~~VALPARAISO FL~~ SHALIMAR, FL 32579 | 34 CITY ST ZIP | SHALIMAR, FL 32579 | |
| TITLE | D | 41 TITLE | | ☑ Change ☐ Addition |
| NAME | PLANK, TRACY | 42 NAME | | |
| STREET ADDRESS | ~~021 DENTON BLVD #1206~~ 124 Scottsdale Ct | 43 STREET ADDRESS | 124 SCOTTSDALE CT | |
| CITY ST ZIP | ~~FT WALTON BEACH FL~~ MARY ESTHER, FL 32569 | 44 CITY ST ZIP | MARY ESTHER, FL 32569 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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:** William J. Myers WILLIAM J. Myers 4-10-95 904-651-2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007B143