

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N45971

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



Principal Place of Business
**POST OFFICE BOX 872
VALPARAISO, FL 32580-0872**

Mailing Address
**POST OFFICE BOX 872
VALPARAISO, FL 32580**



04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2679756

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**ADAIR, MICHAEL
1513 PINE STREET
NICEVILLE, FL 32578**

**DO NOT WRITE
IN THIS SPACE**

6. 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 resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

8. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ADAIR, ROY MICHAEL
1513 PINE STREET
NICEVILLE, FL 32578**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
EARLEY, II, ARTHUR L.
674 BRUNSON STREET
CRESTVIEW, FL 32536**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MORRISON, TERRY
1697 VINE AVE
NICEVILLE, FL 32578**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000515451
04/23/06-80209-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/2006

Date

850651-7166

Daytime Phone #