2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50903

FILED Jul 01, 2006 Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE, NORTH OKALOOSA LODGE #146, INC.

Current Principal Place of Business: P.O. BOX 476 CRESTVIEW, FL 32536 Current Mailing Address: P.O BOX 476 CRESTVIEW, FL 32536	
CRESTVIEW, FL 32536 Current Mailing Address: P O BOX 476 CRESTVIEW, FL 32536 New Mailing Address:	
P O BOX 476 CRESTVIEW, FL 32536	
CRESTVIEW, FL 32536	
FEI Number: 59-3043752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:	
WARD, LARRY W PRES. OKALOOSA COUNTY SHERIFF'S OFFICE 1250 N. EGLIN PARKWAY SHALIMAR, FL 32579 US WARD, LARRY W PRES. OKALOOSA COUNTY SHERIFF'S OFFICE 296 BRACKIN ST. CRESTVIEW, FL 32536 US	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b in the State of Florida.	oth,
SIGNATURE: LARRY W. WARD 07/01/2006	
Electronic Signature of Registered Agent Date	_
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIREC	rors:
Title: PRES () Delete Title: () Change () Addition Name: WARD, LARRY Name: Address: 4388 JACK POWELL ROAD Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip:	
Title: VP () Delete Title: () Change () Addition Name: CARTER, DALE JR Name: Address: 21 OVERSTREET DR Address: City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip:	
Title: SEC () Delete Title: () Change () Addition Name: PEACOCK, KELI Name: Address: 3006 LASALLE COURT Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip:	
Title: TRES () Delete Title: () Change () Addition Name: PEACOCK, KELI Name: Address: 3006 LASALLE COURT Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip:	
Title: STTR () Delete Title: () Change () Addition Name: GRIFFITH, DALE Name: Address: 5921 OAKCREST DRIVER Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY W. WARD PRES 07/01/2006