

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 046 ****61.25

0002715

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE. Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N92000000364

1. Corporation Name
FRATERNAL ORDER OF POLICE, MARATHON LODGE #73, I NC.

Principal Place of Business 2975 OVERSEAS HIGHWAY MARATHON FL 33050	Mailing Address 2975 OVERSEAS HIGHWAY MARATHON FL 33050
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/18/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0201429
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MILLER, ROBERT K
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD HEBER	
STREET ADDRESS	3103 OVERSEAS HIGHWAY	
CITY-ST-ZIP	MARATHON FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KOHOUT, LINDA M	
STREET ADDRESS	3103 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, SUE	
STREET ADDRESS	3103 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GLOVER, JAY	
STREET ADDRESS	3103 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TODD TETTERTON	
1.3 STREET ADDRESS	3103 OVERSEAS HIGHWAY	
1.4 CITY-ST-ZIP	MARATHON, FL. 33050	
2.1 TITLE	DV/DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUZANNE MORGAN	
2.3 STREET ADDRESS	3103 OVERSEAS HIGHWAY	
2.4 CITY-ST-ZIP	MARATHON, FL. 33050	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VALERIE ROTOLANTE	
3.3 STREET ADDRESS	3103 OVERSEAS HIGHWAY	
3.4 CITY-ST-ZIP	MARATHON, FL. 33050	
4.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBERT VOSS	
4.3 STREET ADDRESS	3103 OVERSEAS HIGHWAY	
4.4 CITY-ST-ZIP	MARATHON, FL. 33050	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Todd Tetterton* **TODD TETTERTON** 08-02-99 3052892430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)