2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 27, 2005 8:00 am
Secretary of State
03-04-2005 90072 046 ****70.00

DOCUMENT # N93000000014

1. Entity Name

FRATERNAL ORDER OF POLICE, JACKSONVILLE AIRPORTS POLICE, LODGE # 85, INC.

Principal Place of Business	Mailing Address
14110 PECAN PARK RD 2400 YANKEE CLIPPER DR. JACKSONVILLE FL 32218	PO BOX 18711 JACKSONVILLE FL 32229 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
JACKSONVILLE AIRPORT AUTHORITY POLICE	PO. BOX 18711
Suite, Apt. #, etc.: 14110 PECAN PARK RD.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FLORIDA	City & State: JACKSONVILLE, FLORIDA
Zip: 32218 Country: U.S.	Zip: 32229 Country: U.S.

4. FEI Number: 59-2645421 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, DONALD T JACKSONVILLE AIRPORT AUTHORITY POLICE DEPT 2400 YANKEE CLIPPER DR JACKSONVILLE FL 32218	Name: HARRIS, CLARENCE Street Address (P.O. Box Number is Not Acceptable): JACKSONVILLE AIRPORT AUTHORITY POLICE DEPT. 2400 YANKEE CLIPPER DR. City: JACKSONVILLE FL Zip Code: 32218

8. 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 _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARRIS, CLARENCE 14116 PECAN PARK RD JACKSONVILLE FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARRIS, CLARENCE 14110 PECAN PARK RD. JACKSONVILLE, FL 32218	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GREEN, DONALD T 14110 PACAN PARK RD JACKSONVILLE FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GREEN, DONALD T. 14110 PECAN PARK RD. JACKSONVILLE, FL 32218	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCCRORY, DANIEL L 14110 PECAN PARK RD JACKSONVILLE FL 32218	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: _____ 04-23-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #