

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000000014 1. Entity Name FRATERNAL ORDER OF POLICE, JACKSONVILLE AIRPORTS POLICE, LODGE # 85, INC.				 <div style="text-align: right;"> FILED 06 MAR 29 AM 10:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business JACKSONVILLE AIRPORT AUTHORITY POLICE 14110 PECAN PARK RD JACKSONVILLE, FL 32218		Mailing Address PO BOX 18711 JACKSONVILLE, FL 32229 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02232006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-2645421	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, CLARENE JACKSONVILLE AIRPORT AUTHORITY POLICE DEPT 2400 YANKEE CLIPPER DR JACKSONVILLE, FL 32218				7. Name and Address of New Registered Agent Name Donald T Green Street Address (P.O. Box Number is Not Acceptable) 14110 Pecan Park Rd. 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 3-15-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME HARRIS, CLARENCE STREET ADDRESS 14110 PECAN PARK RD CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			TITLE P NAME GREEN DONALD T STREET ADDRESS 14110 PECAN PARK RD CITY-ST-ZIP JACKSONVILLE FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME GREEN, DONALD T STREET ADDRESS 14110 PECAN PARK RD CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			TITLE VPD NAME HOPELY JAMES J JR STREET ADDRESS 8115 OAK WOOD ST CITY-ST-ZIP JACKSONVILLE FL 32208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE T NAME CAMERON ROONEY STREET ADDRESS 2072 FRAG-MORE DR CITY-ST-ZIP MIDDLEBURG FL 32218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition 000074510650 05/12/06--01015--017 **8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition 000074510650 05/12/06--01015--016 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE:				3-15-06 904 626 6393 <small>Date Daytime Phone #</small>	

* Donald gave permission to