2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N93000001022

1. Entity Name
FRATERNAL ORDER OF POLICE GULF BREEZE LODGE #114, INC.



FILED Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90079 003 ****61.25

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To Country Zp Country Sp Country Sp Sp-1985248 Not Applicable Not Applicable Not Acceptable Not Acce	Suite, Apt. #, etc.				Suite, Apt. #, etc.				01242006 Chg-NP CR2E037 (11/05)				
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Codo 8. The Address of New Registered Agent City FL Zip Codo 8. The Address of New Registered Agent City FL Zip Codo 8. The Address of Registered Agent City FL Zip Codo 8. The Address of Registered Agent City FL Zip Codo 8. The Address of Registered Agent City FL Zip Codo 8. The Address of Registered Agent City FL Zip Codo 8. The Address of Registered Agent City FL Zip Codo 8. The Address of Registered Agent City FL Zip Codo 8. The Address of Registered Agent City FL Zip Codo 8. The Address of Registered Agent City FL Zip Codo Address of New Registered Agent City FL Zip Codo Address of New Registered Agent City FL Zip Codo Address of New Registered Agent City FL Zip Codo Address of Registered Agent City City FL Zip Codo Address of Registered Agent City City FL Zip Codo Address of Registered Agent City City FL Zip Codo Address of Registered Agent Address of Registered Agent City City FL Zip Codo Address of Registered Agent Address of	City & State				City & State					48			
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P.O. BOX 1114 311 FAIRPOINT DR GULF BREEZE, FL 32561 City FL Zip Code City Fl Zip	DUDYE M	14 C)/											
City FL 210 Code 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. SIGNATÚRE: Signature, typeed or persent name or registered agent and the # applicables. (NOTE Registered Agent separature required separature for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent separature required separature required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida Department of State State of Florida Department of State state of Florida Department of State state of State of Florida Department of State state of Florida Department of State state of State of Florida Department of State state of Florida	P.O. BOX 1114				Stree			Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hybrid or printed name of registered agent and table 4 spokable (NOTE Registered Agent sugresser required when releasing) DATE													
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Trust Fund Contribution. Added to Fees Florida Department of State 10. '	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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	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											at - a ct - *	t!

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 eath; 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: _

Mysik & Bunk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10Apr 06

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