

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001479 (5)

1. Corporation Name

**SEBASTIAN RIVER LODGE #139 FRATERNAL ORDER OF PO
LICE & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**1069 MAIN STREET
SEBASTIAN FL 32958**

**P O BOX 782123
SEBASTIAN FL 32978
US**



3. Date Incorporated or Qualified

03/30/1993

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LULICH, STEVEN
1069 MAIN STREET
SEBASTIAN FL 32958**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARDISON, LAWRENCE R	
STREET ADDRESS	P O BOX 781273	
CITY-ST-ZIP	SEBASTIAN FL 32978	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, FREDERICK	
STREET ADDRESS	P O BOX 649	
CITY-ST-ZIP	ROSELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCARPA, JOSEPH F	
STREET ADDRESS	124 ENGLAR DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARNER, ROBERTA	
STREET ADDRESS	P O BOX 780615 N/A	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENDER, WILLIAM F	
STREET ADDRESS	852 MULBERRY STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	REIL	<input type="checkbox"/> DELETE
NAME	LY, CHARLES L	
STREET ADDRESS	1219 CALUSA DRIVE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Joseph F. Scarpa* *Joseph F. SCARPA* *19 JAN 96* *(407)589-3954*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)