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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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

1069 MAIN STREET  
SEBASTIAN FL 32958

Mailing Address

P O BOX 782123  
SEBASTIAN FL 32978-2123  
US

3. Date Incorporated or Qualified  
03/30/1993

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
59-3119836

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LULICH, STEVEN  
1069 MAIN STREET  
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

TITLE PD ☒ DELETE  
NAME HARDISON, LAWRENCE R  
STREET ADDRESS P O BOX 781273  
CITY-ST-ZIP SEBASTIAN FL 32978

TITLE VD ☒ DELETE  
NAME JONES, FREDERICK  
STREET ADDRESS P O BOX 649  
CITY-ST-ZIP ROSELAND FL

TITLE D ☐ DELETE  
NAME SCARPA, JOSEPH F  
STREET ADDRESS 124 ENGLAR DRIVE  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☒ DELETE  
NAME GARNER, ROBERTA  
STREET ADDRESS P O BOX 780615 N/A  
CITY-ST-ZIP SEBASTIAN FL

TITLE D ☐ DELETE  
NAME RENDER, WILLIAM F  
STREET ADDRESS 852 MULBERRY STREET  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE REIL ☐ DELETE  
NAME LY, CHARLES L  
STREET ADDRESS 1219 CALUSA DRIVE  
CITY-ST-ZIP BAREFOOT BAY FL 32976

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition  
1.2 NAME JONES, FREDERICK  
1.3 STREET ADDRESS P.O. BOX 649  
1.4 CITY-ST-ZIP ROSELAND, FL. 32978

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME ALLGOR BOB  
2.3 STREET ADDRESS 1036 W. LAKEVIEW DR.  
2.4 CITY-ST-ZIP SEBASTIAN, FL. 32958

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME COAKLEY, CARSON  
4.3 STREET ADDRESS 662 DOCTOR AVE.  
4.4 CITY-ST-ZIP SEBASTIAN, FL. 32958

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*Joseph F. Scarpa*

3-14-97

(561)  
589-3954

CR2E037 (9/96)