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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001479 (5)**

1. Corporation Name

SEBASTIAN RIVER LODGE #139 FRATERNAL ORDER OF POLICE & 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

4. FEI Number

59-3119836

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, FREDERICK	
STREET ADDRESS	P.O. BOX 649	
CITY-ST-ZIP	ROSELAND FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLGOR, BOB	
STREET ADDRESS	1036 W. LAKEVIEW DR	
CITY-ST-ZIP	SEBASTIAN FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCARPA, JOSEPH F	
STREET ADDRESS	124 ENGLAR DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COAKLEY, CARSON	
STREET ADDRESS	662 DOCTOR AVE	
CITY-ST-ZIP	SEBASTIAN FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RENDER, WILLIAM F	
STREET ADDRESS	852 MULBERRY STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	D	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREAS. WILSON, Robert
3.3 STREET ADDRESS	562 Rollinghill Drive
3.4 CITY-ST-ZIP	SEBASTIAN FL 32958

4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sect'y KLEIN, Frederick
4.3 STREET ADDRESS	1662 CORAL REEF ST.
4.4 CITY-ST-ZIP	SEBASTIAN FL 32958

5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VSLEY, Edward
5.3 STREET ADDRESS	2083 E. LAKEVIEW DR
5.4 CITY-ST-ZIP	SEBASTIAN, FL 32958

6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SEVENLIS, John
6.3 STREET ADDRESS	317 SEAGRAPE AVE
6.4 CITY-ST-ZIP	SEBASTIAN FL 32958

14. 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 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: **Frederick Klein** 1-13-98 561 589-8624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021000

CR2E037 (10/97)