NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300001479

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

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90020 012 ****61.25

					,		·		
2. Principal P	pal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed			
21		26				- 03/30/1993			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Ap	plied For
22		27				59-3119836		No	t Applicable
City & Stat	e	City & State	· •			E Codificate of Status Desired		\$8.75 A	dditional
23		28			\	5. Certifcate of Status Desired	Ш	Fee Re	quired
Zip	Country	Zip	Countr	y		6. Election Campaign Financing		\$5.00	May Be
24	25	29	30			Trust Fund Contribution		Added to	o Fees
	9. Name and Address of Curr		<u> </u>		1	10. Name and Address of New R	egistered A	gent	
			81	Name					
HILLIAN C	RTEVÉN		82		1	(D.O. E. all the in New Accounts	his)		
LULICH, STEVEN				Street	Address	(P.O. Box Number is Not Accepta	bie)		
1069 MAIN STREET SEBASTIAN FL 32958				 		1. A.			
SEBASIIA	N FE 32958		"		L				
			84	City	-		FL	85 Zip C	ode
11 Durewant	to the provisions of Sections 617.0	502 and 617 1508 Florida Statute	es the abov	/e-named	corporat	tion submits this statement for the	nurnose of c	hanging its	registered
office or r	egistered agent, or both, in the Stat	te of Florida. Such change was au	Jihonzéd by	the comp	oration's	board of directors. I hereby accep	t the appoint	tment as reç	gistered
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0503, Flor	ida Statute:	\$.					
SIGNATURE			Registered Age				DATE		
40	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ent signature	sedimen win	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
12.	PD	DELETE	1.1 TITLE			ABBITIONO/O/ULTOLO TO OVE		Change	☐ Addition
TITLE	JONES, FREDERICK	_ Deterie	1.2 NAME						_
NAME			1						
STREET ADDRESS	P.O. BOX 649 N/A			T ADDRESS					
CITY-ST-ZIP	ROSELAND FL		1.4 CITY-	ST-ZIP				□ Channa	Addition
TITLE	VD	☐ DELETE	2.1 TITLE		1 1			☐ Change	
NAME	ALLGOR, BOB		2.2 NAME		1 _ 1				
STREET ADDRESS	1036 W. LAKEVIEW DR		2.3 STREE	TADDRESS		,			
CITY-ST-ZIP	SEBASTIAN FL		2, 4 CFTY-	ST-ZIP	<u> </u>			<u></u> _	
TITLE	D	Æ DELETE	3.1 TITLE		Di	rector		🔁 Change	☐ Addition
NAME	SCARPA, JOSEPH F		3.2 NAME		1	venliss, John			
STREET ADDRESS	124 ENGLAR DRIVE		3.3 STREE	T ADDRESS		7 Seagrape Ave,	Seba	stian	
CITY-ST-ZIP	SEBASTIAN FL 32958		3.4. CITY-	ST-ZIP	Fi	32958			
TITLE	T	☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME	WILSON, ROBERT		4. 2 NAME						
STREET ADDRESS	562 ROLLINGHILL DRIVE		4.3 STRFE	T ADDRESS					
	SEBASTIAN FL 32958		4.4 CITY-5						
CITY-ST-ZIP	S	☐ DELETE	5.1 TITLE	31-ZIF	 			☐ Change	☐ Addition
	KLEIN, FREDERICK		5.2 NAME						
NAME	1662 CORAL REEF STREET			T ADDRESS					
STREET ADDRESS			5.4 CITY-5						
CITY-ST-ZIP	SEBASTIAN FL 33958		6.1 TITLE	21-4P	+			Change	Addition
TITLE	REIL	☐ DELETE						C) Criange	
NAME	VESLEY, EDWARD		6.2 NAME		1				
STREET ADDRESS	2083 E. LAKEVIEW DR.		6.3 STREE	T ADDRESS	1				
	CEDACTIAN EL SOCCO		C A CITY I	T 710	1				

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, with all other like empowered.

SIGNATURE:

561 589-8624