


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90025 015 \*\*\*\*61.25

<b>DOCUMENT # N93000001479</b> 1. Entity Name <b>SEBASTIAN RIVER LODGE #139 FRATERNAL ORDER OF POLICE &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>1069 MAIN STREET SEBASTIAN FL 32958</b>		Mailing Address <del>PO BOX 1069</del> <b>124 ENGLAR DR.</b> <b>SEBASTIAN FL 32958</b> <b>US 32958</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>124 ENGLAR DRIVE</b> Suite, Apt. #, etc.			
City & State <b>SEBASTIAN FLORIDA</b>		City & State <b>SEBASTIAN FLORIDA</b>		4. FEI Number <b>59-3119836</b>	
Zip <b>32958</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LULICH, STEVEN 1069 MAIN STREET SEBASTIAN FL 32958</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PD</b> NAME <b>SCARPA, JOSEPH</b> STREET ADDRESS <b>124 ENGLAR DR</b> CITY-ST-ZIP <b>SEBASTIAN FL 32958</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>PD</b> NAME <b>TOM CLARK</b> STREET ADDRESS <b>247 EDWARD LANE</b> CITY-ST-ZIP <b>PALM BEACH SHORES, Florida 33404</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>VD</b> NAME <b>KLEIN, FREDERICK</b> STREET ADDRESS <b>1662 CORAL REEF ST.</b> CITY-ST-ZIP <b>SEBASTIAN FL 32958</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>SEVENLISS, JOHN</b> STREET ADDRESS <b>3147 SEAGRAPE AVE.</b> CITY-ST-ZIP <b>SEBASTIAN FL 32958</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>BIDOUL, ARTHUR T</b> STREET ADDRESS <b>846 SEASHORE AVE.</b> CITY-ST-ZIP <b>SEBASTIAN FL 32968</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>SCARPA, Joseph</b> NAME <b>124 ENGLAR DR</b> STREET ADDRESS <b>SEBASTIAN, FL. 32958</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>STRICKLAND, SELBY</b> STREET ADDRESS <b>1975 5TH CT SE</b> CITY-ST-ZIP <b>VERO BEACH FL 32962</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>REIL</b> NAME <b>VESLEY, EDWARD</b> STREET ADDRESS <b>2083 E. LAKEVIEW DR.</b> CITY-ST-ZIP <b>SEBASTIAN FL 32958</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Thomas R Clark Sr* **THOMAS R CLARK SR 27 FEB 06 561-331-5573**