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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N94000005137 (4)**

1. Corporation Name

FRATERNAL ORDER OF POLICE FLORIDA LABOR COUNCIL, INC.

Principal Place of Business	Mailing Address
242 OFFICE PLAZA TALLAHASSEE FL 32301	242 OFFICE PLAZA TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1994**
3a. Date of Last Report:
4. FEI Number: **59-3275358** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPIEGEL, ROBERT M 242 OFFICE PLAZA TALLAHASSEE FL 32301	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE "D"	Chairman "D"	1.1 TITLE	☐ Change ☐ Addition
NAME	Jim Milford	1.2 NAME	300001415238
STREET ADDRESS	9166 Atlantic Blvd #1625	1.3 STREET ADDRESS	-02/24/95--01105--021
CITY-ST-ZIP	Coral Springs, FL 33071	1.4 CITY-ST-ZIP	****130.00 ****130.00
TITLE "D"	Vice Chairman "D"	2.1 TITLE	☐ Change ☐ Addition
NAME	Tom Neufeld	2.2 NAME	
STREET ADDRESS	2215 SE 14th Avenue #55	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34471	2.4 CITY-ST-ZIP	
TITLE "D"	Vice Chairman "D"	3.1 TITLE	☐ Change ☐ Addition
NAME	Victor Raynor	3.2 NAME	
STREET ADDRESS	850 Seminole Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach, FL 32233	3.4 CITY-ST-ZIP	
TITLE "D"	Secretary "D"	4.1 TITLE	☐ Change ☐ Addition
NAME	Jim Mosley	4.2 NAME	
STREET ADDRESS	5100 Pinetree Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Pierce, FL 34982-7450	4.4 CITY-ST-ZIP	
TITLE "D"	Director "D"	5.1 TITLE	☐ Change ☐ Addition
NAME	Gary Evans	5.2 NAME	
STREET ADDRESS	10776 Lippizan Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32257-3657	5.4 CITY-ST-ZIP	
TITLE "D"	Director "D"	6.1 TITLE	☐ Change ☐ Addition
NAME	Thomas Mangifesta	6.2 NAME	
STREET ADDRESS	11421 NW 31st Street	6.3 STREET ADDRESS	
CITY-ST-ZIP	Sunrise, FL 33323-1403	6.4 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)(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: James Milford 01-29-95 (305) 346-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000041