

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000000941 (3)**

1. Corporation Name

**HARDEE COUNTY FRATERNAL ORDER OF POLICE, LODGE 1  
02, INC.**

Principal Place of Business

**502 MARTIN LUTHER KING AVE  
WAUCHULA FL 33873**

Mailing Address

**PO BOX 158  
WAUCHULA FL 33873**



3. Date Incorporated or Qualified  
**02/24/1995**

3a. Date of Last Report  
**2-24-95**

2. Principal Place of Business

2a. Mailing Address

21 **490 MURPHY Rd**

26 **PO BOX 2077**

4. FEI Number  
**65-0044735**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **WAUCHULA, FL**

28 **WAUCHULA FL**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24 **33873**

Country

**HARDEE**

29 **33873**

Country

**HARDEE**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALTMAN, MARVIN L  
502 MARTIN LUTHER KING AVE  
WAUCHULA FL 33873**

81 Name **KAREN J. MONG SEC. TREAS.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**490 MURPHY ROAD**

83

84 City **WAUCHULA**

FL

85 Zip Code **33873**

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 **Karen J. Mong Sec. Treas.**

**KAREN J. MONG SEC. TREAS.**

**3-20-96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **MARVIN ALTMAN**  
STREET ADDRESS **502 MARTIN LUTHER KING AVE**  
CITY-ST-ZIP **WAUCHULA, FL 33873**

1.1 TITLE **P** ☒ Change ☒ Addition  
NAME **JIM FARMER**  
STREET ADDRESS **RR#2 BOX 67F**  
CITY-ST-ZIP **201FO SPRINGS, FL 33890**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE **ST** ☐ Change ☒ Addition  
NAME **KAREN J. MONG**  
STREET ADDRESS **490 MURPHY ROAD**  
CITY-ST-ZIP **WAUCHULA, FL 33873**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE **VP** ☐ Change ☒ Addition  
NAME **ANTHONY WANICKI**  
STREET ADDRESS **P.O. BOX 1244 N/A**  
CITY-ST-ZIP **201FO SPRINGS, FL 33890**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

7.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SIGNATURE: **Karen J. Mong** **KAREN J. MONG**

**3-20-96**

**941-735-1168**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

**4/24/96  
paul**

**800001793448  
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