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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # N96000005101 (8)**

1. Corporation Name

**FRATERNAL ORDER OF POLICE, FLORIDA STATE LODGE,  
DISTRICT FOUR, MEMORIAL FUND, INC.**



Principal Place of Business

Mailing Address

~~8090 LAKE WORTH RD.  
LAKE WORTH FL 33461~~

~~8090 LAKE WORTH RD.  
LAKE WORTH FL 33461-0601~~

3. Date Incorporated or Qualified  
**10/02/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **3175 SOUTH CONGRESS AV** 26 **3175 SOUTH CONGRESS AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 305**

27 **SUITE 305**

City & State

City & State

23 **PALM SPRINGS, FL**

28 **PALM SPRINGS, FL**

Zip

Country

Zip

Country

24 **33461-2562** 25 **USA**

29 **33461-2562** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, GERALD A  
2304 S. MILITARY TRL., STE. 100  
W. PALM BEACH FL 33415-7546**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAFEITA, PAUL R</b>	1.2 NAME	
STREET ADDRESS	<b>6345 7TH LN.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32968</b>	1.4 CITY-ST-ZIP	<b>32968-9501</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACKHERMS, CLARENCE G</b>	2.2 NAME	
STREET ADDRESS	<b>2833 BELMORE CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	2.4 CITY-ST-ZIP	<b>33414-5127</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANAK, EDWARD M</b>	3.2 NAME	
STREET ADDRESS	<b>2499 NASSAU RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33406</b>	3.4 CITY-ST-ZIP	<b>33406-7769</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOOTH, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>316 SHADY LN.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM SPRINGS FL 33461</b>	4.4 CITY-ST-ZIP	<b>33461-1823</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSLEY, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>5100 PINE TREE DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL 34982</b>	5.4 CITY-ST-ZIP	<b>34982-7450</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCHMAN, HENRY</b>	6.2 NAME	
STREET ADDRESS	<b>691 SNEAD CIR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33413</b>	6.4 CITY-ST-ZIP	<b>33413-1250</b>

14. I do 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: **Edward J. Manak** **EDWARD J. MANAK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-97 561-964-8489

Date

Daytime Phone # 0043614

CR2E037 (9/96)