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Jun 13 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 # N96000006442 (5)

1. Corporation Name

FRATERNAL ORDER OF POLICE, ROCKLEDGE LODGE #106,
INC.

Principal Place of Business

Mailing Address

563 BARTON BOULEVARD #20
ROCKLEDGE FL 32955

POST OFFICE BOX 561181
ROCKLEDGE FL 32956-1181



3. Date Incorporated or Qualified
12/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 N/A
22 SUITE #20

26 P.O. Box 561181
27 N/A

23 ROCKLEDGE, FL

28 ROCKLEDGE, FL

24 32955 25 BREVARD

29 32956-0744 30 BREVARD

4. FEI Number

59-3201892

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

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

FAIRBANKS, DENNIS F
301 MAGNOLIA AVENUE
MERRITT ISLAND FL 32952

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

ed when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☒ DELETE

NAME CHARLES CRAWFORD
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D - RODNEY WHELAN ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 123 BARTON BLVD
1.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE VICE-PRESIDENT ☒ DELETE

NAME RODNEY WHELAN
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D - DONALD PARSON ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 123 BARTON BLVD
2.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE TREASURER ☒ DELETE

NAME KENNETH COLLINS
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D - CHARLES CRAWFORD ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 123 BARTON BLVD
3.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D - SHARON ROMAN ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS 123 BARTON BLVD
4.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 reports 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 in an attachment with an address.

CR2E037 (9/96)

03-21-97/10/21-1090