

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 07 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006442 (5)
 1. Corporation Name
FRATERNAL ORDER OF POLICE, ROCKLEDGE LODGE #106, INC.



Principal Place of Business 563 BARTON BOULEVARD #20 ROCKLEDGE FL 32955	Mailing Address POST OFFICE BOX 561181 ROCKLEDGE FL 32955
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3. Date Incorporated or Qualified 12/12/1996	
4. FEI Number 59-3201892	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FAIRBANKS, DENNIS F
301 MAGNOLIA AVENUE
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHELAN, RODNEY	
STREET ADDRESS	123 BARTOW BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIRSON, DONALD	
STREET ADDRESS	123 BARTOW BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, CHARLES	
STREET ADDRESS	123 BARTOW BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROMAN, SHARON	
STREET ADDRESS	123 BARTOW BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, CHARLES	
STREET ADDRESS	123 BARTOW BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WHELAN, RODNEY	
STREET ADDRESS	123 BARTOW BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	123 BARTON BV	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PIRSON, DONALD	
2.3 STREET ADDRESS	123 BARTON BV	
2.4 CITY-ST-ZIP		
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CRAWFORD, CHARLES	
3.3 STREET ADDRESS	123 BARTON BV	
3.4 CITY-ST-ZIP	ROCKLEDGE, FL. 32955	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROMAN, SHARON	
4.3 STREET ADDRESS	123 BARTON BV	
4.4 CITY-ST-ZIP	ROCKLEDGE, FL. 32955	
5.1 TITLE	VPRES/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	IVETTE GOMEZ	
5.3 STREET ADDRESS	123 BARTON BV	
5.4 CITY-ST-ZIP	ROCKLEDGE, FL. 32955	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-11-98

CR2E037 (5/98)