

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90069 041 ****70.00

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date incorporated or Qualified

12/12/1996

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

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

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

TITLE TD ☒ DELETE
NAME WHELAN, RODNEY
STREET ADDRESS 123 BARTON BV
CITY-ST-ZIP ROCKLEDGE FL

TITLE P ☐ DELETE
NAME PIRSON, DONALD
STREET ADDRESS 123 BARTON BV
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE TRD ☒ DELETE
NAME 123 CRAWFORD, CHARLES
STREET ADDRESS 123 BARTON BV
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE TD ☒ DELETE
NAME 123 BARTON BV
STREET ADDRESS 123 BARTOW BLVD.
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VPD ☐ DELETE
NAME GOMEZ, IVETTE
STREET ADDRESS 123 BARTON BV
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☐ Change ☒ Addition
1.2 NAME BRADY, JONATHAN B
1.3 STREET ADDRESS 123 BARTON BV
1.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

2.1 TITLE P/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S/D ☐ Change ☒ Addition
3.2 NAME KLAYMAN, GREGORY
3.3 STREET ADDRESS 123 BARTON BV
3.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

407-690-3988

Daytime Phone #

CR2E037 (11/98)