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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000001388

1. Corporation Name
COCOA FRATERNAL ORDER OF POLICE LODGE NO. 112, I NC.

Principal Place of Business	Mailing Address
1212 DIXON BLVD. COCOA FL 32922	P.O. BOX 3124 COCOA FL 32922

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/13/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3196128 — Applied For ☐ Not Applicable ☑
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MANGOLD, TODD
1212 DIXON BLVD.
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name: John Casey
82 Street Address (P.O. Box Number is Not Acceptable): 1212 A Dixon Bl
83: Cocoa FL 32922
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 _____ DATE 03.04.99.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	MANGOLD, TODD		1.2 NAME	John Casey	
STREET ADDRESS	1212 DIXON BLVD.		1.3 STREET ADDRESS	1212-A Dixon Bl	
CITY-ST-ZIP	COCOA FL 32922		1.4 CITY-ST-ZIP	COCOA FL 32922	
TITLE	VD	☑ DELETE	2.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	BRADY, JAMES		2.2 NAME	James McKay	
STREET ADDRESS	1212 DIXON BLVD.		2.3 STREET ADDRESS	1212A Dixon Bl	
CITY-ST-ZIP	COCOA FL 32922		2.4 CITY-ST-ZIP	COCOA FL 32922	
TITLE	SD	☑ DELETE	3.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	MCKAY, JAMES		3.2 NAME	Debi Curles	
STREET ADDRESS	1212 DIXON BLVD.		3.3 STREET ADDRESS	1212A Dixon Bl	
CITY-ST-ZIP	COCOA FL 32922		3.4 CITY-ST-ZIP	COCOA FL 32922	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCLANNHAN, KRISTYN		4.2 NAME	→ Same	
STREET ADDRESS	1212 DIXON BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 Kristyn McClannahan 022599 407 456 7046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #