03111999-90244-041-$61.25-$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90244 041 ****61.25

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. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 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: [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] SIGNATURE Kristyn McClannahan 022599 407 456 7046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #