2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003
Secretary of State

DOCUMENT# N97000001388

Entity Name: COCOA FRATERNAL ORDER OF POLICE LODGE NO. 112, INC.

Current Principal Place of Business:

1212 DIXON BLVD.
SUITE A
COCOA, FL 32922 US

New Principal Place of Business:

226 KING ST
SUITE K
COCOA, FL 32922 US

Current Mailing Address:

P.O. BOX 3124
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 59-3196128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WASHBURN, CRAIG
1212-A DIXON BLVD
COCOA, FL 32922 US

Name and Address of New Registered Agent:

GREEN, NICHOLAS
226 KING ST
SUITE K
COCOA, FL 32922 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NICHOLAS GREEN 02/13/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WASHBURN, CRAIG
Address: 1212-A DIXON BLVD
City-St-Zip: COCOA, FL 32922

Title: VP ( ) Delete
Name: GREEN, NICHOLAS
Address: 1212-A DIXON BLVD
City-St-Zip: COCOA, FL 32922

Title: SD ( ) Delete
Name: ZAMKA, CONRAD
Address: 1212-A DIXON BLVD
City-St-Zip: COCOA, FL 32922

Title: TD ( ) Delete
Name: MCCLANNHAN, KRISTYN
Address: 1212 DIXON BLVD.
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GREEN, NICHOLAS
Address: 226 KING ST, SUITE K
City-St-Zip: COCOA, FL 32922

Title: VP (X) Change ( ) Addition
Name: ZAMKA, CONRAD
Address: 226 KING ST, SUITE K
City-St-Zip: COCOA, FL 32922

Title: SD (X) Change ( ) Addition
Name: MILLS, WILLIAM H
Address: 226 KING ST, SUITE K
City-St-Zip: COCOA, FL 32922

Title: TD (X) Change ( ) Addition
Name: HORTON, THOMAS
Address: 226 KING ST, SUITE K
City-St-Zip: COCOA, FL 32922

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. MILLS SD 02/13/2003
Electronic Signature of Signing Officer or Director Date