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Mar 06 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 # **N97000001797 (6)**

1. Corporation Name

**FRATERNAL ORDER OF POLICE THREE RIVERS LODGE #15
6 INC.**

Principal Place of Business

Mailing Address

**POST OFFICE BOX 340
SNEADS FL 32460**

**POST OFFICE BOX 340
SNEADS FL 32460**

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

59-3396276

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REED, ANTHONY F
199 WALDEN ROAD
SNEADS FL 32460**

81 Name **Harrison, Stuart J.**

82 Street Address (P.O. Box Number is Not Acceptable)
116 Middlerun Road

83

84 City **Sneads**

FL

85 Zip Code **32460**

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

Stuart J. Harrison **Stuart J. Harrison**

01/15/98

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D Stuart J. Harrison**
1.3 STREET ADDRESS **116 Middlerun Rd**
1.4 CITY-ST-ZIP **Sneads, FL 32460**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **T William L. Cloud**
2.3 STREET ADDRESS **8111 Victoria Lane**
2.4 CITY-ST-ZIP **Sneads, FL 32460**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **T Juanita Pippin**
3.3 STREET ADDRESS **2893 Sandridge Church Road**
3.4 CITY-ST-ZIP **Sneads, FL 32460**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **T Sue Ellen Schack**
4.3 STREET ADDRESS **4305 Wintergreen Road**
4.4 CITY-ST-ZIP **Greenwood, FL 32443**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE: *Sue Ellen Schack* **Sue Ellen Schack** 1-15-98 850-482-9624

CFR2037 (1097)