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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N97000005246**

1. Corporation Name

FRATERNAL ORDER OF POLICE, INDIAN RIVER SHORES L ODGE #79, INC.

Principal Place of Business	Mailing Address
6001 N. A1A INDIAN RIVER SHORES FL 32963	6001 N. A1A INDIAN RIVER SHORES FL 32963

2. Principal Place of Business 21	2a. Mailing Address 26 6001 N A1A	3. Date Incorporated or Qualified 09/15/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO Box 8055	4. FEI Number 59-1882680 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Indian Rivershores, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 32963 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOLDBERG, HOWARD L 6001 N A1A INDIAN RIVER SHORES FL 32963	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 _____ DATE
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		☐ Change ☐ Addition
NAME	GOLDBERG, HOWARD L		1.2 NAME		
STREET ADDRESS	6001 N A1A		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	PUCHALA, LOUIS		2.2 NAME	Crosby, William	
STREET ADDRESS	6001 N. A1A		2.3 STREET ADDRESS	Goal - N. River A1A	
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963		2.4 CITY-ST-ZIP	Indian Shores FL 32963	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOYT, SHAWN		3.2 NAME		
STREET ADDRESS	6001 N. A1A		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BALLAS, EDWARD		4. 2 NAME		
STREET ADDRESS	6001 N. A1A		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RIVER SHORES FL 32963		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		

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: S/S SIGNATURE REQUIRED 3/12/99 (561) 234-2451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)