

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90044 011 \*\*\*\*61.25

0045734

DOCUMENT # N97000005657

1. Corporation Name

FRATERNAL ORDER OF POLICE LAKE WORTH LODGE #1, I  
NC.

Principal Place of Business

P. O. BOX 844  
LAKE WORTH FL 33460

Mailing Address

P. O. BOX 844  
LAKE WORTH FL 33460



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7585971

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

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

ERICSON

ERICSON, JAMES

1830 ABBEY RD., J205

W. PALM BEACH FL 33415

33414

81 Name JAMES ERICSON

82 Street Address (P.O. Box Number is Not Acceptable)  
3635 CHESAPEAKE CT.

83

84 City WELLINGTON

FL

85 Zip Code 33414

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, 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 DP ☐ DELETE

NAME ERICSON, JAMES

STREET ADDRESS 1830 ABBEY RD., J205

CITY-ST-ZIP W. PALM BEACH FL 33415

TITLE D ☐ DELETE

NAME LEACH, REX

STREET ADDRESS 1113 15TH AVE S

CITY-ST-ZIP LAKE WORTH FL 33460

TITLE D ☐ DELETE

NAME KIMBERLEY, ED

STREET ADDRESS 2737 NOKOMIS AVE

CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE: JAMES ERICSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-99

Date

561-792-1310

Daytime Phone #

CR2E037 (1/98)