NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
07-17-2002 90124 046 ****61.25

DOCUMENT # N97000005820 ✓

1. Entity Name
FRATERNAL ORDER OF POLICE LODGE NUMBER 154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address ** please change
7300 NW 69 Ave Suite, Apt. #, etc.	110 Palm Breeze Drive Suite, Apt. #, etc.
City & State: Miami, FL 33166 Zip: 33166 Country: USA	City & State: New Smyrna Bch, FL Zip: 32168 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0729580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sherry Cote-Jarvis, Esq.
Street Address (P.O. Box Number is Not Acceptable): 927 S. Ridgewood Ave, Suite A-6
City: Edgewater **FL** Zip Code: 32132

8. 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 _____ 5/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Sherry Cote-Jarvis

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Register, Ray A.
STREET ADDRESS	7503 Palomar St
CITY-ST-ZIP	Ft Pierce, FL
TITLE	VD
NAME	Pierce, Gary
STREET ADDRESS	15703 Woodgate Place
CITY-ST-ZIP	Sunrise, FL
TITLE	STD
NAME	Young, G.H.
STREET ADDRESS	110 Palm Breeze Dr
CITY-ST-ZIP	New Smyrna Bch, FL 32168
TITLE	Trustee
NAME	Berrios, Nelson J.
STREET ADDRESS	934 Paseo Palmero
CITY-ST-ZIP	West Palm Beach, FL
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR G.H. Young — Date — Daytime Phone #