

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90151 031 \*\*\*\*61.25

**DOCUMENT # N99000001966**



1. Entity Name  
 CHARLES B. "CHICK" AUTRY, COCOA BEACH LODGE #159, FRATERNAL ORDER OF POLICE, INC.

Principal Place of Business  
 25 N. ORLANDO AVE.  
 COCOA BEACH, FL 32931

Mailing Address  
 P O BOX 320666  
 COCOA BEACH, FL 32932-0666

**50024070**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03062005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 59-3519651

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

STILES, CHARLIE  
 20 S ORLANDO AVE  
 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD  Delete  
 NAME STILES, CHARLIE  
 STREET ADDRESS 4345 ROSEHILL AVE  
 CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE  Change  Addition

TITLE VP  Delete  
 NAME CARROLL, JAMES  
 STREET ADDRESS 1224 ARNOLD DR  
 CITY-ST-ZIP MELBOURNE, FL 32935

TITLE  Change  Addition

TITLE S  Delete  
 NAME STILES, KATHLEEN  
 STREET ADDRESS 4345 ROSEHILL AVE  
 CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE S  Change  Addition  
 NAME DANIEL ALDRIDGE  
 STREET ADDRESS 2260 WOODWIND TRL #1303  
 CITY-ST-ZIP MELBOURNE, FL 32935

TITLE TD  Delete  
 NAME GRANT, DEBBIE  
 STREET ADDRESS 2830 MICHIGAN ST  
 CITY-ST-ZIP MELBOURNE, FL 32904

TITLE TD  Change  Addition  
 NAME LILIE STOVER  
 STREET ADDRESS 2472 MERCURY DR  
 CITY-ST-ZIP COCOA, FL 32926

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JAMES CARROLL **03-07-05** **321-868-3251**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #