2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001453

FILED Apr 30, 2004 Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE HERNANDO LODGE 164 INC.

Current Principal Place of Business: New Principal Place of Business:

3489 BROAD ST P.O. BOX 10690

BROOKSVILLE, FL 34608 BROOKSVILLE, FL 34603 US

Current Mailing Address: New Mailing Address:

P.O. BOX 10690 P.O. BOX 10690

BROOKSVILLE, FL 34603 BROOKSVILLE, FL 34603 US

FEI Number: 59-3486687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GLATFELTER, MICHAEL L GLATFELTER, MICHAEL L

P.O. BOX 10690 P.O. BOX 10690

BROOKSVILLE, FL, FL 34603 BROOKSVILLE, FL, FL 34603 US

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: MICHAEL L. GLATFELTER 04/30/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

KLAPKA, STEPHEN GLATFELTER, MICHAEL L Name: Name: P.O. BOX 10690 Address: P.O. BOX 10690 Address:

City-St-Zip: BROOKSVILLE, FL 34603 City-St-Zip: BROOKSVILLE, FL 34603 US

Title: () Delete Title: (X) Change () Addition

JOHNSON, RICHARD Name: OWENS, MICHAEL Name: Address: P.O. BOX 10690 Address: P.O. BOX 10690

City-St-Zip: BROOKSVILLE, FL 34603 City-St-Zip: BROOKSVILLE, FL 34603 US

Title: () Delete Title: SECR (X) Change () Addition

GLATFELTER, MICHAEL L TERRY, SHAWN Name: Name: Address: P.O. BOX 10690 Address: P.O. BOX 10690

City-St-Zip: BROOKSVILLE, FL 34603 City-St-Zip: BROOKSVILLE, FL 34603 US

Title: ST () Delete Title: **TRES** (X) Change () Addition

BAMMERT, TIMOTHY Name: Name: KRAFT, JEFFREY

Address: P.O. BOX 10690 Address: P.O. BOX 10690

City-St-Zip: BROOKSVILLE, FL 34603 City-St-Zip: BROOKSVILLE, FL 34603 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY KRAFT SECR 04/30/2004