

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001453

FILED
Jan 16, 2006
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 10690
BROOKSVILLE, FL 34603 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10690
BROOKSVILLE, FL 34603 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

JOHNSON, RICHARD
P.O. BOX 10690
BROOKSVILLE, FL, FL 34603 US

Name and Address of New Registered Agent:

GLATFELTER, MICHAEL L
P.O. BOX 10690
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

01/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JOHNSON, RICHARD
Address: P.O. BOX 10690
City-St-Zip: BROOKSVILLE, FL 34603 US

Title: VP () Delete
Name: YODER, CHARLES
Address: P.O. BOX 10690
City-St-Zip: BROOKSVILLE, FL 34603 US

Title: SECR () Delete
Name: LORETO, FRANK JR
Address: P.O. BOX 10690
City-St-Zip: BROOKSVILLE, FL 34603 US

Title: TRES () Delete
Name: KRAFT, JEFFREY
Address: P.O. BOX 10690
City-St-Zip: BROOKSVILLE, FL 34603 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: YODER, CHARLES
Address: P.O. BOX 10690
City-St-Zip: BROOKSVILLE, FL 34603 US

Title: VP (X) Change () Addition
Name: CIUCCI, PETER
Address: P.O. BOX 10690
City-St-Zip: BROOKSVILLE, FL 34603 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: GLATFELTER, MICHAEL L
Address: P.O. BOX 10690
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 Chapter 119, 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: MICHAEL L. GLATFELTER

TREA

01/16/2006

Electronic Signature of Signing Officer or Director

Date