

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001453

FILED  
Feb 10, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1360 ANDERSON SNOW ROAD  
BROOKSVILLE, FL 34604 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:**

GLATFELTER, MICHAEL L  
1360 ANDERSON SNOW ROAD  
BROOKSVILLE, FL, FL 34604 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: SECR ( ) Delete  
Name: GLATFELTER, MICHAEL L  
Address: P.O. BOX 10690  
City-St-Zip: BROOKSVILLE, FL 34603 US

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: TRUS ( ) Change (X) Addition  
Name: BMMERT, TIMOTHY  
Address: P.O. BOX 10690  
City-St-Zip: BROOKSVILLE, FL 34603

I hereby certify that the information supplied with this filing does not qualify 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 GLATFELTER

Electronic Signature of Signing Officer or Director

TRES

02/10/2008

Date