

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001453

FILED
May 08, 2011
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE HERNANDO/CITRUS LODGE 164 INC

Current Principal Place of Business:

615 OLD HOSPITAL DR
BROOKSVILLE, FL 34601 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 (X)

Name and Address of Current Registered Agent:

GLATFELTER, MICHAEL L
15238 PEACH BLOOM ROAD
BROOKSVILLE, FL 34614 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
Name: KLAPKA, STEPHEN
Address: P.O. BOX 10690
City-St-Zip: BROOKSVILLE, FL 34603 US

Title: VP
Name: GLATFELTER, MICHAEL
Address: P.O. BOX 571
City-St-Zip: BROOKSVILLE, FL 34605 US

Title: SECR
Name: GROVES, DEANNA
Address: P.O. BOX 10690
City-St-Zip: BROOKSVILLE, FL 34603 US

Title: TRES
Name: SCHULTZ, SCOTT
Address: P.O. BOX 10690
City-St-Zip: BROOKSVILLE, FL 34603 US

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL L. GLATFELTER

VP

05/08/2011

Electronic Signature of Signing Officer or Director

Date