2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001453

FILED Feb 27, 2012 Secretary of State

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

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

615 OLD HOSPITAL DR

BROOKSVILLE, FL 34601 US

Current Mailing Address: New Mailing Address:

P.O. BOX 10690

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 SCHULZ, SCOTT D
15238 PEACH BLOOM ROAD 10241 WEATHERLY ROAD
BROOKSVILLE, FL 34614 US BROOKSVILLE, FL 34601 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: SCOTT D SCHULZ 02/27/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PRES

Name: KLAPKA, STEPHEN Address: P.O. BOX 10690

City-St-Zip: BROOKSVILLE, FL 34603 US

Title: VP

Name: GROVES, DEENA Address: P.O. BOX 10690

City-St-Zip: BROOKSVILLE, FL 34603 US

Title: SECR

Name: PACCHIAROTTI, ROBERT

Address: P.O. BOX 10690

City-St-Zip: BROOKSVILLE, FL 34603 US

Title: TRES

Name: SCHULZ, SCOTT D

Address: 10241 WEATHERLY ROAD
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: TRUS

 Name:
 BAMMERT, 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: SCOTT D SCHULZ TRES 02/27/2012