

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:22

DOCUMENT # **N26247** (9)

1. Corporation Name
**FRATERNAL ORDER OF POLICE, PASCO COUNTY SHERIFF'
S LODGE #29, INC.**

Principal Place of Business Mailing Address
F. O. P. LODGE 29 4220 LAND O'LAKES BLVD.
LAND O'LAKES FL 34639 US
S LODGE #29, INC
P.O. BOX 426
NEW PORT RICHEY FL 34656-0426
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/03/1988	3a. Date of Last Report 02/04/1994
4. FEI Number 59-2839082	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
**CALHOUN, CHARLES A
8038 CHICKSAW LANE
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CALHOUN, CHARLES A.
STREET ADDRESS	8038 CHICKSAW LAW
CITY-ST-ZIP	PORT RICHEY FL
TITLE	SD
NAME	RODIS, MARIA
STREET ADDRESS	6328 KENTFIELD AVE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VD
NAME	LATON, FRANK J.
STREET ADDRESS	10220 TURKEY OAK DR.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	TD
NAME	STONE, R. W. JR.
STREET ADDRESS	8700 CITIZENS DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stone, R. W., Jr.
2.3 STREET ADDRESS	8700 Citizens Dr.
2.4 CITY-ST-ZIP	New Port Richey, FL.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Caramico, Michael
4.3 STREET ADDRESS	10200 Central Blvd.
4.4 CITY-ST-ZIP	Land O'Lakes, FL.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R.W. Stone Jr. **R.W. STONE JR.** 1/13/95 **(813) 844-7714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR