


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthem</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26247 (9)**  
1. Corporation Name  
**FRATERNAL ORDER OF POLICE, PASCO COUNTY SHERIFF'S LODGE #29, INC.**

Principal Place of Business <b>F. O. P. LODGE 29 4220 LAND O'LAKES BLVD. LAND O'LAKES FL 34639 US</b>	Mailing Address <b>6 LODGE #29, INC P.O. BOX 426 NEW PORT RICHEY FL 34856-0426 US</b>
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3. Date Incorporated or Qualified <b>05/03/1988</b>		
4. FEI Number <b>59-2839082</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

#1 Name	
#2 Street Address (P.O. Box Number Is Not Acceptable)	
#3	
#4 City	#5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>CALHOUN, CHARLES A.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALHOUN, CHARLES A.</b>	1.2 NAME	
STREET ADDRESS	<b>8038 CHICKSAW LAW</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	1.4 CITY-ST-ZIP	
TITLE	S <b>LAMONDE, ANDRE</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMONDE, ANDRE</b>	2.2 NAME	
STREET ADDRESS	<b>8700 CITIZENS DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWPORT RICHEY FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <b>LATON, FRANK J.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LATON, FRANK J.</b>	3.2 NAME	
STREET ADDRESS	<b>10220 TURKEY OAK DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	
TITLE	TD <b>CARAMICO, MICHAEL</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARAMICO, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>10200 CENTRAL BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael J. Caramico* MICHAEL J. CARAMICO TRS. 4/17/98

CFR2037 (10/97)