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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26247

1. Corporation Name

FRATERNAL ORDER OF POLICE, PASCO COUNTY SHERIFF'S LODGE #29, INC.

Principal Place of Business

F. O. P. LODGE 29
4220 LAND O'LAKES BLVD.
LAND O'LAKES FL 34639
US

Mailing Address

S LODGE #29, INC
P.O. BOX 426
NEW PORT RICHEY FL 34656-0426
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/03/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2839082

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALHOUN, CHARLES A
8038 CHICKSAW LANE
PORT RICHEY FL 34668

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 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

Charles A. Calhoun
Signature, typed or printed name of registered agent and title if applicable.

CHARLES A. CALHOUN.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME CALHOUN, CHARLES A.
STREET ADDRESS 8038 CHICKSAW LANE
CITY-ST-ZIP PORT RICHEY FL

1.1 TITLE VP ROBERT SKIP STONE Change Addition
1.2 NAME
1.3 STREET ADDRESS 3061 HAMMERSSTONE RD.
1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE S DELETE
NAME LAMONDE, ANDRE
STREET ADDRESS 8700 CITIZENS DRIVE
CITY-ST-ZIP NEWPORT RICHEY FL

2.1 TITLE P. Change Addition
2.2 NAME FRANK LATON J.
2.3 STREET ADDRESS 5646 HEREFORD LN.
2.4 CITY-ST-ZIP NEWPORT RICHEY FL 34655

TITLE VD DELETE
NAME LATON, FRANK J.
STREET ADDRESS 10220 TURKEY OAK DR.
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE S Change Addition
3.2 NAME CHARLES CALHOUN
3.3 STREET ADDRESS 8038 CHICKSAW LA.
3.4 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE TD DELETE
NAME CARAMICO, MICHAEL
STREET ADDRESS 10200 CENTRAL BLVD
CITY-ST-ZIP LAND O'LAKES FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Charles A. Calhoun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (127) 846-7636
Date Daytime Phone #

CR2E037 (1/98)