

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N26247
 1. Entity 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



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country
 4. FEI Number: 59-2839082
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LATON, FRANK
 9249 CALLE ALTA
 NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees | **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PDS NAME: LATON, FRANK STREET ADDRESS: 9249 CALLE ALTA CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
TITLE: S NAME: CONNOLLY, JOHN STREET ADDRESS: 14185 BURLINGTON STREET CITY-ST-ZIP: SPRINGHILL FL 34609	<input type="checkbox"/> Delete
TITLE: T NAME: LAW, TROY T STREET ADDRESS: 1236 SIERRA PINES BLVD CITY-ST-ZIP: LUTZ FL 33558	<input type="checkbox"/> Delete
TITLE: VPD NAME: YORK, KENNETH STREET ADDRESS: 10107 WHEATLAND RD. CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 02/26/04-80011-014 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Troy T. Law Troy T. Law (MEASURER) 2/20/04 (813) 714-8450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #