

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26247

FILED
Jan 07, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

PASCO COUNTY F.O.P. LODGE #29, INC
P.O. BOX 426
NEW PORT RICHEY, FL 346560426 US

New Mailing Address:

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

FEI Number: 59-2839082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENNIGAN, TIM
11342 RIDDLE DRIVE
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

LAWLESS, WILLIAM
4220 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639 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: WILLIAM LAWLESS

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: HENNIGAN, TIM
Address: 11342 RIDDLE DRIVE
City-St-Zip: SPRING HILL, FL 34609

Title: VD () Delete
Name: YORK, KEN
Address: 10107 WHEATLAND RD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T () Delete
Name: CARROLL, SIOBHAN
Address: 1721 CHESAPEAKE DRIVE
City-St-Zip: ODESSA, FL 33556

Title: SD () Delete
Name: HAUGH, ROB
Address: 11953 BETHWOOD AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: CH () Delete
Name: FERGUSON, BERT
Address: P.O. BOX 426
City-St-Zip: NEW PORT RICHEY, FL 34656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: LAWLESS, WILLIAM
Address: 4220 LAND O' LAKES BLVD
City-St-Zip: LAND O' LAKES, FL 34639

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SIOBHAN CARROLL

T

01/07/2009

Electronic Signature of Signing Officer or Director

Date