

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26247

FILED  
Feb 08, 2012  
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  
21735 YMCA CAMP ROAD  
LAND O'LAKES, FL 34639 US

**Current Mailing Address:**

F. O. P. LODGE 29  
P.O. BOX 426  
NEW PORT RICHEY, FL 34656 US

**New Mailing Address:**

F. O. P. LODGE 29  
21735 YMCA CAMP ROAD  
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:**

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

**Name and Address of New Registered Agent:**

LAWLESS, WILLIAM  
21735 YMCA CAMP ROAD  
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: \_\_\_\_\_

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: LAWLESS, WILLIAM  
Address: 21735 YMCA CAMP ROAD  
City-St-Zip: LAND O' LAKES, FL 34639

Title: VD  
Name: HENNIGAN, TIM  
Address: 11342 RIDDLE DR.  
City-St-Zip: SPRING HILL, FL 34609

Title: T  
Name: STONE, R. W SKIP  
Address: 14338 HAMMERSTONE LANE  
City-St-Zip: HUDSON, FL 34669

Title: SD  
Name: NELSON, JOHN  
Address: 16407 MONTEVERDE DR.  
City-St-Zip: SPRING HILL, FL 34610

Title: CH  
Name: CARROLL, SIOBHAN  
Address: 21735 YMCA CAMP ROAD  
City-St-Zip: LAND-O-LAKES, FL 34639

I hereby 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 all other like empowered.

SIGNATURE: JOHN C. NELSON

SD

02/08/2012

Electronic Signature of Signing Officer or Director

Date