


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90110 029 \*\*\*\*61.25

**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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2839082** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LATON, FRANK**  
**5646 HEREFORD DRIVE**  
**NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent  
Name **LATON, FRANK**  
Street Address (P.O. Box Number is Not Acceptable) **9249 CALLE ALTA**  
City **NEW PORT RICHEY FL** Zip Code **34655**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



CHECK HERE IF MAKING CHANGES

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS</b> <b>LATON, FRANK</b> <b>9249 CALLE ALTA</b> <b>NEW PORT RICHEY FL 34655</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CONNOLLY, JOHN</b> <b>14185 BURLINGTON STREET</b> <b>SPRINGHILL FL 34609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>Connolly, John</b> <b>14185 Burlington St.</b> <b>Spring Hill, FL 34609</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>NELSON, JOHN</b> <b>16407 MONTEVERDE DRIVE</b> <b>SPRINGHILL FL 34610</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CARAMICO, MICHAEL I</b> <b>6526 RIVER ROAD</b> <b>NEW PORT RICHEY FL 34652</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>TROY T. LAW</b> <b>1236 Sierra Pines Blvd.</b> <b>LUTZ, FL 33558</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>YORK, KENNETH</b> <b>10107 WHEATLAND RD.</b> <b>NEW PORT RICHEY FL 34655</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (TREASURER)** 8-18-03 7697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)