

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N32395 (8)**

1. Corporation Name  
**FRATERNAL ORDER OF POLICE, OCALA LODGE 129, INC.**



Principal Place of Business: **3241 E SILVER SPRINGS BLVD OCALA FL 34470 US**  
Mailing Address: **PO BOX 6193 OCALA FL 34478-6193 US**

3. Date Incorporated or Qualified: **05/19/1989**  
3a. Date of Last Report: **12/05/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		<b>59-2914281</b>	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SLUSSER, JULIA 214 S.E. FT. KING P.O. BOX 1871 OCALA FL 34478</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLUSSER, JULIA A</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 6193 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORD, ROBIN</b>	2.2 NAME	
STREET ADDRESS	<b>PO BOX 6193 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGUIGAN, DONALD J</b>	3.2 NAME	
STREET ADDRESS	<b>PO BOX 6193 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EICHLER, WILLIAM R</b>	4.2 NAME	<b>THIBODEAU, STEVE J.</b>
STREET ADDRESS	<b>PO BOPX 6193 N/A</b>	4.3 STREET ADDRESS	<b>P.O. BOX 6193 N/A</b>
CITY-ST-ZIP	<b>OCALA FL</b>	4.4 CITY-ST-ZIP	<b>OCALA FL 34478</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Julia Slusser* **Julia Slusser - President** Date: **04-29-96** Daytime Phone #: **352-629-8561**

CR2E037 (12/95)