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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N32395

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



2. Principal Place of Business

21 2641 N Magnolia Av

Suite, Apt. #, etc.

City & State

23 Ocala FL

Zip Country

24 34475-9361 25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip Country

29 30

3. Date Incorporated or Qualified

05/19/1989

4. FEI Number

59-2914281

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SLUSSER, JULIA 214 S.E. FT. KING P.O. BOX 1871 OCALA FL 34478

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

PD SLUSSER, JULIA A PO BOX 6193 N/A OCALA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

VD FORD, ROBIN PO BOX 6193 N/A OCALA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

SD MCGUIGAN, DONALD J PO BOX 6193 N/A OCALA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TD THIBODEAU, STEVE J PO BOPX 6193 N/A OCALA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

01-31-99

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