


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N32395 1. Entity Name FRATERNAL ORDER OF POLICE, OCALA LODGE 129, INC.	
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Principal Place of Business 2641 N MAGNOLIA AVE OCALA FL 34475-9361	Mailing Address 2641 N MAGNOLIA AVE OCALA FL 34475-9361 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2914281	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KNOBLOCH, RICHARD 2641 N MAG. AVE. OCALA FL 34475

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD KNOBLOCH, RICHARD	<input type="checkbox"/>
NAME	2641 N MAG. AVE.	
STREET ADDRESS	OCALA FL 34475	
CITY-ST-ZIP		
TITLE	VD EADES, CW	<input type="checkbox"/>
NAME	2641 N. MAG. AVE.	
STREET ADDRESS	OCALA FL 34475	
CITY-ST-ZIP		
TITLE	SD DOUGLAS, JC	<input type="checkbox"/>
NAME	2641 N MAGNOLIA AVE.	
STREET ADDRESS	OCALA FL 34478	
CITY-ST-ZIP		
TITLE	TD REVELS, L H	<input type="checkbox"/>
NAME	PO BOPX 6193 N/A	
STREET ADDRESS	OCALA FL 34478	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000224436	<input type="checkbox"/>	<input type="checkbox"/>
NAME	02/10/05-80086-012 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: L.H. Revels **L.H. REVELS** Date: 2-7-05 Daytime Phone #: 352-427-2832