

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32395

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE, OCALA LODGE 129, INC.

**Current Principal Place of Business:**

2641 N MAGNOLIA AVE  
OCALA, FL 344759361

**New Principal Place of Business:**

**Current Mailing Address:**

2641 N MAGNOLIA AVE  
OCALA, FL 344759361 US

**New Mailing Address:**

FEI Number: 59-2914281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EADES, CHARLES  
2641 N MAG. AVE.  
OCALA, FL 34475 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EADES, CHARLES  
Address: 2641 N MAG AVE  
City-St-Zip: OCALA, FL 34475

Title: VP ( ) Delete  
Name: GRADY, BRENNAN  
Address: 2641 N MAG AVE  
City-St-Zip: OCALA, FL 34475

Title: SVP ( ) Delete  
Name: STEWART, GREG  
Address: 2641 N MAGNOLIA AVE.  
City-St-Zip: OCALA, FL 34478

Title: T ( ) Delete  
Name: SIEG, JARED  
Address: 2641 N MAG AVE  
City-St-Zip: OCALA, FL 34475

Title: PSAT ( ) Delete  
Name: STOOHTOFF, BRIAN  
Address: 2641 N MAG AVE  
City-St-Zip: OCALA, FL 34475

Title: PSAT ( ) Delete  
Name: PARKINS, DAVID  
Address: 2641 N MAGNOLIA AVE  
City-St-Zip: OCALA, FL 34475

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JARED SIEG

T

02/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date