

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2004
Secretary of State**

DOCUMENT# N37920

Entity Name: SARASOTA COUNTY LAW ENFORCEMENT OFFICERS' LODGE NUMBER 45, INC.

Current Principal Place of Business:

244 SHOPPING AVE
161
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

244 SHOPPING AVE
161
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 59-2107811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENOS, TIMOTHY
5645 COUNTRY WALK WAY
SARASOTA, FL 34233 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: VD () Delete
Name: PELFREY, MICHAEL
Address: 4183 WINFALL AVE
City-St-Zip: NORTH PORT, FL 34286

Title: PD () Delete
Name: ENOS, TIMOTHY
Address: 5645 COUNTRY WALK WAY
City-St-Zip: SARASOTA, FL 34233

Title: SD () Delete
Name: WHITEHEAD, BRUCE
Address: 4410 YACHT CLUB DR
City-St-Zip: VENICE, FL 34293

Title: T () Delete
Name: SULLIVAN, BARRY
Address: 4098 WESTBOURNE CIR
City-St-Zip: SARASOTA, FL 34238

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARRY F. SULLIVAN

T

05/03/2004

Electronic Signature of Signing Officer or Director

Date