

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000001453

Entity Name: FRATERNAL ORDER OF POLICE NATURE COAST LODGE 164 INC

Current Principal Place of Business:

18754 CORTEZ BLVD
BROOKSVILLE, FL 34601

Current Mailing Address:

P.O. BOX 10690
BROOKSVILLE, FL 34603 US

FEI Number: 59-3486687

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHULZ, SCOTT D
10241 WEATHERLY ROAD
BROOKSVILLE, FL 34601 US

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

Officer/Director Detail :

Title PRESIDENT
Name COX, BRANDON
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

Title SECRETARY
Name PACCHIAROTTI, ROBERT
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

Title TREASURER
Name FAULKINGHAM, BRYAN
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

Title TRUSTEE
Name SCHULZ, SCOTT
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

Title VP
Name PETERSEN, WAYNE
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

Title CHAPLIN
Name FARKAS, STEVEN
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

Title DIRECTOR
Name JERNIGAN, JASON
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

Title INNER GUARD
Name JOHNSON, STEVEN
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

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I hereby 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 all other like empowered.

SIGNATURE: SCOTT SCHULZ _____

STATE TRUSTEE

12/14/2019

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title OUTER GUARD
Name ANDREWS, JEFFREY
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

Title 1ST PAST PRESIDENT
Name KLAPKA, STEVE
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

Title 2ND VP
Name POWER, CARI
Address PO BOX 10690
City-State-Zip: BROOKSVILLE FL 34603