

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000001453

Entity Name: FRATERNAL ORDER OF POLICE HERNANDO/CITRUS LODGE
164 INC

Current Principal Place of Business:

615 OLD HOSPITAL DR
BROOKSVILLE, FL 34601

Current Mailing Address:

P.O. BOX 10690
BROOKSVILLE, FL 34603 US

FEI Number: 59-3486687

Certificate of Status Desired: Yes

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 GROVES, DEENA
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

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

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

Title TRES
Name SCHULZ, SCOTT D
Address 10241 WEATHERLY ROAD
City-State-Zip: BROOKSVILLE FL 34601

Title TRUS
Name BMMERT, TIMOTHY
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

Title SECOND VP
Name HORVATH, WILLIAM
Address P.O. BOX 10690
City-State-Zip: BROOKSVILLE FL 34603

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

Title DIRECTOR
Name STEVENS, NICHOLE
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 D SCHULZ

TREAS

11/23/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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