

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010810

**Entity Name:** FRATERNAL ORDER OF POLICE OSCEOLA COUNTY LODGE  
#173, INC.

**FILED**  
**Apr 12, 2016**  
**Secretary of State**  
**CC9331553260**

**Current Principal Place of Business:**

14105 LOST LAKE RD  
CLERMONT, FL 34711

**Current Mailing Address:**

POST OFFICE BOX 701079  
ST. CLOUD, FL 34770

**FEI Number: 46-4081516**

**Certificate of Status Desired: No**

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

FOWLER, PAT  
14105 LOST LAKE RD  
CLERMONT, FL 34711 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 PD  
Name FOWLER, PAT  
Address POST OFFICE BOX 701079  
City-State-Zip: ST. CLOUD FL 34770

Title VD  
Name SOSTRE, LUIS  
Address POST OFFICE BOX 701079  
City-State-Zip: ST. CLOUD FL 34770

Title SD  
Name VEGA, JUAN  
Address POST OFFICE BOX 701079  
City-State-Zip: ST. CLOUD FL 34770

Title TD  
Name GORSUCH, VIMARA  
Address POST OFFICE BOX 701079  
City-State-Zip: ST. CLOUD FL 34770

*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: PAT FOWLER**

**PRESIDENT**

**04/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date