### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26247

Entity Name: FRATERNAL ORDER OF POLICE, PASCO COUNTY SHERIFF'S

LODGE #29, INC.

LAND O'LAKES FL 34639

Jan 26, 2013 Secretary of State CC7614726646

**FILED** 

### **Current Principal Place of Business:**

F. O. P. LODGE29 21735 YMCA CAMP ROAD LAND O'LAKES, FL 34639

# **Current Mailing Address:**

F. O. P. LODGE29 21735 YMCA CAMP ROAD LAND O'LAKES, FL 34639 US

FEI Number: 59-2839082 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LAWLESS, WILLIAM 21735 YMCA CAMP ROAD LAND O' LAKES, FL 34639 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 **PDS** VD Title

LAWLESS, WILLIAM Name Name HENNIGAN, TIM 21735 YMCA CAMP ROAD Address Address 11342 RIDDLE DR.

City-State-Zip: SPRING HILL FL 34609 City-State-Zip: LAND O' LAKES FL 34639

Title Title

**ROSS. JUSTIN** Name ROY, DUSTIN B Name

Address F. O. P. LODGE 29 F. O. P. LODGE 29 Address

21735 YMCA CAMP ROAD 21735 YMCA CAMP ROAD

City-State-Zip:

City-State-Zip: LAND O'LAKES FL 34639

Title СН

Name CARROLL, SIOBHAN

21735 YMCA CAMP ROAD Address

City-State-Zip: LAND-O-LAKES FL 34639

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: JUSTIN ROSS **SECRETARY** 01/26/2013