

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32395

**Entity Name:** FRATERNAL ORDER OF POLICE, OCALA LODGE 129, INC.

**Current Principal Place of Business:**

2641 N MAGNOLIA AVE  
OCALA, FL 34475-9361

**Current Mailing Address:**

2641 N MAGNOLIA AVE  
OCALA, FL 34475-9361 US

**FEI Number:** 59-2914281

**Certificate of Status Desired:** No

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

FRATERNAL ORDER OF POLICE LODGE 129  
2641 N MAGNOLIA AVE  
OCALA, FL 34475-9361 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            YOUNG, SEAN  
Address        2641 N MAGNOLIA AVE  
City-State-Zip: Ocala FL 34475-9361

Title            VP, 1ST  
Name            HOOPER, ERIC  
Address        2641 N MAGNOLIA AVE  
City-State-Zip: Ocala FL 34475-9361

Title            VP, 2ND  
Name            JOEDICKE, WILLIAM  
Address        2641 N MAGNOLIA AVE  
City-State-Zip: Ocala FL 34475-9361

Title            CONDUCTOR  
Name            TUCK, RICHARD  
Address        2641 N MAGNOLIA AVE  
City-State-Zip: Ocala FL 34475-9361

Title            SECRETARY  
Name            WITT, ALYSSA  
Address        2641 N MAGNOLIA AVE  
City-State-Zip: Ocala FL 34475-9361

Title            TREASURER  
Name            KELLY, JOSEPH  
Address        2641 N MAGNOLIA AVE  
City-State-Zip: Ocala FL 34475-9361

Title            TRUSTEE, STATE  
Name            GRADY, BRENNAN  
Address        2641 N MAGNOLIA AVE  
City-State-Zip: Ocala FL 34475-9361

Title            GUARD, INNER  
Name            WRIGHT, DAN  
Address        2641 N MAGNOLIA AVE  
City-State-Zip: Ocala FL 34475-9361

**Continues on page 2**

*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:** CHARLES HUNT

**IMM PAST PRESIDENT**

**01/12/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title GUARD, OUTER  
Name SIROLI, CARMEN  
Address 2641 N MAGNOLIA AVE  
City-State-Zip: OCALA FL 34475-9361

Title CHAPLIN  
Name EADES, FELIX  
Address 2641 N MAGNOLIA AVE  
City-State-Zip: OCALA FL 34475-9361

Title PRESIDENT, IMMEDIATE PAST  
Name HUNT, CHARLES  
Address 2641 N MAGNOLIA AVE  
City-State-Zip: OCALA FL 34475-9361