



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

06-03-2005 90001 043 \*\*\*\*61.25

<b>DOCUMENT # 747801</b> 1. Entity Name ORANGE COUNTY SHERIFF'S DEPARTMENT F.O.P. LODGE #93, INC.					
Principal Place of Business P. O. BOX 2085 ORLANDO, FL 32802			Mailing Address P. O. BOX 2085 ORLANDO, FL 32802		
2. Principal Place of Business P.O. Box 2085 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2085 Suite, Apt. #, etc.			
City & State ORL. FL.		City & State ORL. FL.		4. FEI Number 23-7278937	
Zip 32802		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BOZA, RICHARD 10738 LAZY LAKE DRIVE ORLANDO, FL 32821				7. Name and Address of New Registered Agent Name <b>MANN, DYRICK A</b> Street Address (P.O. Box Number is Not Acceptable) <b>14221 FURMAN AVE</b> City <b>ORLANDO</b> FL Zip Code <b>32826</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>D.A. Mann DYRICK A. MANN</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>053105</b>	
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOCKWOOD, LAWRENCE 10738 LAZY LAKE DR. ORLANDO, FL 32821	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY D.A. MANN 14221 FURMAN AVE. ORL. FL. 32826	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOZA, RICHARD 10738 LAZY LAKE DR ORLANDO, FL 32821	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEVIN CARLUCCI 14221 FURMAN AVE ORL. FL. 32826	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARD, GONZALEZ 1425 CARRIAGE OAK C. OCOE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MIKE SULLIVAN 14221 FURMAN AVE ORL. FL. 32826	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>D.A. Mann DYRICK A MANN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>053105</b> Daytime Phone # <b>4078997481</b>	