2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90272 021 ****70 00

DOCUMENT # 747801 1. Entity Name ORANGE COUNTY SHERIFF'S DEPARTMENT F.O.P. LODGE #93, INC.						03-27-2006 \$				
Principal Place of Business Mailing Address P. O. BOX 2085 P. O. BOX 2085 ORLANDO, FL 32802 ORLANDO, FL 32802					-	1991) JOHN 1911 BEIEL 18	ວບບບ 58			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072006	Chg-NP	CR2E037 (11	/05)		
City & State		City & State			4. FEI Number 23-727893				plied For t Applicable	
Zip	Country	Zip	Countr	ry	<u> </u>	of Status Desired	Fee R	5 Addit	itional	
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R	egistered Agent			
MANN, DYRICK A 14221 FURMAN AVENUE ORLANDO, FL 32826				Street Address	Straw Teresa L. Street Address (P.O. Box Number is Not Acceptable) Fastoriage					
-				City Ovi	Oviedo FL Zip Code 32765					
The above the obligat	named entity submits this statement	for the purpose of changing it	s registered	office or registe	red agent, or both	, in the State of Flo	orida. I am familia	r with, a	and accept	
the obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)					ary 3/14/2004 d when refustating) DATE					
·	Signature, typed or printed name of registered ag	erit and title if applicable. (NO	TE: Registered Ap	gent signature require	d when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Ca Trust Fund	ampaign Fina Contribution	ancing	\$5.00 May Be Added to Fees	Flori	DATE Jake check paya ida Department	t of Sta	ate	
· 10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND	9. Election Ca Trust Fund	ampaign Fina Contribution	ancing	\$5.00 May Be Added to Fees		ida Department	t of Sta	ate	
- 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Ca Trust Fund	ampaign Fina Contribution	ADDRESS 447	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flori NGES TO OFFICE PS A ridge Dr	Ida Department	of Sta	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Teresa L Straw Signature and typed on printed name of signing officer of direction Secretary 3/14/2006 407-832-8759