

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747801

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** ORANGE COUNTY SHERIFF'S DEPARTMENT F.O.P. LODGE #93, INC.

**Current Principal Place of Business:**

P. O. BOX 2085  
ORLANDO, FL 32802

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2085  
ORLANDO, FL 32802

**New Mailing Address:**

**FEI Number:** 23-7278937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STRAW, TERESA L  
447 EAST BRIDGE DR  
OVIEDO, FL 32765 US

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

STRAW, TERESA L  
447 EASTBRIDGE DR  
OVIEDO, FL 32765 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: TERESA L. STRAW

03/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: STRAW, TERESA  
Address: 447 EASTBRIDGE DR  
City-St-Zip: OVIEDO, FL 32765

Title: P  
Name: CARLUCCI, KEVIN  
Address: 990 HADDOCK DR  
City-St-Zip: CLERMONT, FL 34711

Title: T  
Name: STRAW, TERESA  
Address: 447 EASTBRIDGE DRIVE  
City-St-Zip: OVIEDO, FL 32765

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: TERESA L. STRAW

S

03/29/2010

Electronic Signature of Signing Officer or Director

Date