

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90039 012 ****61.25

DOCUMENT # N02000007767 1. Entity Name FRATERNAL ORDER OF POLICE, CITRUS LODGE 120, INC.			
Principal Place of Business 7601 N. FLORIDA AVE. CITRUS SPRINGS, FL 34434 US		Mailing Address 7601 N. FLORIDA AVE. CITRUS SPRINGS, FL 34434 US	
2. Principal Place of Business 2450 N Citrus Hills Blvd Suite, Apt. #, etc.		3. Mailing Address 2450 N Citrus Hills Blvd Suite, Apt. #, etc.	
City & State Hernando FL Zip 34442		City & State Hernando FL Zip 34442	
Country US		Country US	
4. FEI Number 59-3658957		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RON A. RHOADES, P.A. 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442		7. Name and Address of New Registered Agent Name: John J. Ciparano Street Address (P.O. Box Number is Not Acceptable): 2450 N Citrus Hills Blvd City: Hernando FL Zip Code: 34442	
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: <u>John J. Ciparano</u> DATE: <u>3/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME GEIER, MICHAEL J STREET ADDRESS 846 N. PINNACLE DR. CITY-ST-ZIP CITRUS SPRINGS, FL 34434	<input checked="" type="checkbox"/> Delete	TITLE P NAME Michael Klyap STREET ADDRESS 5849 W Cisco St CITY-ST-ZIP Beverly Hills FL 34465	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MILLER, DONNA S STREET ADDRESS 9100 S. ZANMAR AVE. CITY-ST-ZIP FLORAL CITY, FL 34436	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Scott Grace STREET ADDRESS PO Box 1091 CITY-ST-ZIP Tavernas, FL 34451	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME TARPEY, ANDREW STREET ADDRESS P.O. BOX 422 CITY-ST-ZIP LECANTO, FL 34460	<input checked="" type="checkbox"/> Delete	TITLE I NAME David Wyllie STREET ADDRESS 1902 S Connie Pt. CITY-ST-ZIP LECANTO, FL 34461	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME WILLIS, LUTHER STREET ADDRESS C/O P.O. BOX 422 CITY-ST-ZIP LECANTO, FL 34460	<input checked="" type="checkbox"/> Delete	TITLE Sec NAME Stephen Conley STREET ADDRESS 3 Bahila Dr CITY-ST-ZIP Hernando, FL 34446	<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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3-28-05</u> Daytime Phone #	

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