

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007445

FILED
Apr 29, 2005
Secretary of State

Entity Name: FLORIDA POLICE SQUARE CLUB, INC.

Current Principal Place of Business:

1613 55TH STREET SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

1613 55TH STREET SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 20-0853392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONEY LUCIER, EILEEN M
1613 55TH STREET SOUTH
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RONEY, DONALD G
Address: 1708 55TH STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VD () Delete
Name: SALTZMAN, DANIEL
Address: 8497 PORTULACA DRIVE
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: JENNINGS, CLARENCE
Address: 10878 91ST AVENUE NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: RONEY LUCIER, EILEEN M
Address: 1613 55TH STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EILEEN RONEY LUCIER

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date