# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2005**
**Secretary of State**

DOCUMENT# N04000010564

**Entity Name:** FRATERNAL ORDER OF POLICE LADY LAKE LODGE #16, INC.

**Current Principal Place of Business:**

423 FENNELL BV
LADY LAKE, FL 32158

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 279
LADY LAKE, FL 32158

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

OLSEN, WILLIAM E
11637 LAKE DR
LEESBURG, FL 34788 US

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

OLSEN, WILLIAM E
PO BOX 962
LADY LAKE, FL 32158 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: WILLIAM E. OLSEN 03/13/2005
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: OLSEN, WILLIAM E
Address: 11637 LAKE DR
City-St-Zip: LEESBURG, FL 34788

Title: S ( ) Delete
Name: CRONK, ADAM
Address: 11344 LAKEVIEW DR
City-St-Zip: LEESBURG, FL 34788

Title: T ( ) Delete
Name: MCGARVEY, JAMES
Address: PO BOX 279
City-St-Zip: LADY LAKE, FL 32158

Title: V ( ) Delete
Name: BROWN, JOSHUA
Address: PO BOX 45
City-St-Zip: LADY LAKE, FL 32158

Title: T ( ) Delete
Name: CROGAN, ANDREW III
Address: PO BOX 1251
City-St-Zip: LADY LAKE, FL 32158

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: OLSEN, WILLIAM E
Address: P.O. BOX 962
City-St-Zip: LADY LAKE, FL 32158

Title: S (X) Change ( ) Addition
Name: CRONK, ADAM
Address: P.O. BOX 279
City-St-Zip: LADY LAKE, FL 32158

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

Title: V (X) Change ( ) Addition
Name: BROWN, JOSHUA
Address: PO BOX 279
City-St-Zip: LADY LAKE, FL 32158

Title: T (X) Change ( ) Addition
Name: CROGAN, ANDREW III
Address: PO BOX 279
City-St-Zip: LADY LAKE, FL 32158

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: WILLIAM E. OLSEN PRES 03/13/2005
Electronic Signature of Signing Officer or Director Date