

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28827

FILED
Jan 12, 2005
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE TREASURE COAST LODGE 41, INC.

Current Principal Place of Business:

C/O JIMMY L. MOSLEY
2505 ATLANTIC AVE
FORT PIERCE, FL 34954 US

New Principal Place of Business:

Current Mailing Address:

C/O JIMMY L MOSLEY
P.O. BOX 2225
FORT PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 65-0087714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLNOW, WADE
1733 SW MILLIKIN AVE
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

PUCHALA, MARYLOU
351 MELTON DRIVE
FORT PIERCE, FL 34982 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: MARY LOU PUCHALA

01/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MOSLEY, JIMMY L
Address: 5100 PINETREE DR
City-St-Zip: FT PIERCE, FL 34982

Title: DT () Delete
Name: MOSLEY, JIMMY L
Address: 5100 PINETREE DR
City-St-Zip: FT. PIERCE, FL 34982

Title: P () Delete
Name: PUCHALA, MARYLOU
Address: 351 MELTON DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: DV () Delete
Name: HICKEY, ROBERT A
Address: 499 TROPICAL ISLES CIR
City-St-Zip: FORT PIERCE, FL 34982

Title: DS () Delete
Name: SEREG, EUGENE
Address: 631 SW DELORES AVE
City-St-Zip: PT ST LUCIE, FL 34983

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:

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: MARY LOU PUCHALA

D

01/12/2005

Electronic Signature of Signing Officer or Director

Date