

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28827

FILED
Feb 17, 2008
Secretary of State

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

Current Principal Place of Business:

2505 ATLANTIC AVE
FORT PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

C/O JIMMY L MOSLEY
5100 PINETREE DR.
FORT PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 65-0087714 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PUCHALA, MARYLOU
351 MELTON DRIVE
FORT PIERCE, FL 34982 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: DT () Delete
Name: MOSLEY, JIMMY L
Address: 5100 PINETREE DR
City-St-Zip: FT PIERCE, FL 34982 US

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

Title: DV () Delete
Name: O'HARE, ROBERT
Address: P.O. BOX 2225
City-St-Zip: FORT PIERCE, FL 34954 US

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JIMMY L. MOSLEY

TRUS

02/17/2008

Electronic Signature of Signing Officer or Director

_____ Date