

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90311 039 ****70.00

0013303

DOCUMENT # N29595

1. Entity Name

**FRATERNAL ORDER OF POLICE, ROBERT L. PITMAN MEMO
RIAL LODGE 4, INC.**



Principal Place of Business

P.O. BOX 4267
CLEARWATER FL 33758
US

Mailing Address

P.O. BOX 4267
CLEARWATER FL 33758
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7585972**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOESKE, PAUL
2418 MONDALE CT
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name **PAUL NOESKE**

Street Address (P.O. Box Number is Not Acceptable)

1390 Gulf Blvd # 404

City

Clearwater

FL

Zip Code

33767

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

Paul Noeske

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-4-03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	S	<input type="checkbox"/> Delete
NAME	ADAMSON, PATRICK	
STREET ADDRESS	2209 PALMETTO ST	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOESKE, PAUL	
STREET ADDRESS	2418 MONDALE CT.	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	P	<input type="checkbox"/> Delete
NAME	DONAGAN, KENNETH	
STREET ADDRESS	1165 FALCON DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DOUGLAS	
STREET ADDRESS	10735 HILLTOP DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RINALDI, JOSEPH	
STREET ADDRESS	8145 BADGER LN	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRIS, RICHARD	
STREET ADDRESS	1998 CASTLE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL NOESKE	
STREET ADDRESS	1390 Gulf Blvd # 404	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN GANNON	
STREET ADDRESS	1015 MARY JANE LN	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES O'NEILL	
STREET ADDRESS	1436 OAK HARBOR DR	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

James R. O'Neill **9-4-03**

727-726-4470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (4/03)