2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # N32395 1. Entity Name FRATERNAL ORDER OF POLICE, OCALA LODGE 129, INC.					03-13-2006 90057 003 ****70.00			
2641 N MAGNOLIA AVE 264		Mailing Address 2641 N MAGNOLIA AVE OCALA, FL 34475-936			6 I 4 i ki ki i 3 i a ci	110 AND ON 17110 AND ON OCC	â1511 â1311 â1811 81811 81812 818	(1) 11 1 84 188 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03082006	Chg-NP	CR2E037 (11/05)	
City & State		City & State			4. FEI Number 59-29142	281		oplied For ot Applicable
Zip	Country	Zip	Countr	Y	5. Certificate of	Status Desired	\$8.75 Add Fee Require	litional d
	6. Name and Address of Curren	Registered Agent			7. Name and A	ddress of New Ro	egistered Agent	
KNOBLOCH, RICHARD 2641 N MAG. AVE. OCALA, FL 34475				Name CHARLES ENDES Street Address (P.O. Box Number is Not Acceptable) 2641 N. MAB. AVE City Zip Code				
	named entity submits this statement t		}	DC.	ALA		 3 ²	H175
SIGNATURE	ions of registered agent. Sigheture, typed or printed name of registered agent	It and title if applicable. (NOTE:	: Registered Ag	gent signature required	when reinstating)		3-8-06 DATE	•
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	. •		\$5.00 May Be Added to Fees	1	ake check payable to da Department of Si	
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHAN	IGES TO OFFICER	S AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOBLOCH, RICHARD 2641 N MAG. AVE.	Ø Delete	TITLE	PRES	FDENT		·	1 10
			NAME STREET A	NOORESS 200	res cade: 11 N.Mab	. AV.	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OCALA, FL 34475 VD EADES, CW 2641 N. MAG. AVE. OCALA, FL 34475	Ø Delete		ADDRESS 2 60 CINCK	RES CADE. HIN.MAL CALA, FL E PRESIDE K LONG (I M. MA!	7. AV. . 34475 ~T	ZŽ Change [Z] Change	
NAME Street address	OCALA, FL 34475 VD EADES, CW 2641 N. MAG. AVE.	Ø Delete Ø Delete	STREET A CITY-ST- TITLE NAME STREET A	NODRESS 2 WITCE CUCH NODRESS 2 WITCE CUCH NODRESS 2 WITCE See	RES CADE. 11 N. MAL CALA, FL FRESCOB K. LONG (1 N. MAL ALA, FL VICETARY NOON GIV 41 N. MAL	7. AV. 34475 4. AV. 34475	•	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OCALA, FL 34475 VD EADES, CW 2641 N. MAG. AVE. OCALA, FL 34475 SD DOUGLAS, JC 2641 N MAGNOLIA AVE.		STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A STREET A	ADDRESS 2 WILLIAM OF CHAPTER OF C	RES CADE. 11 N. MAL CALA FL FRESCOB K. LONG 11 N. MAL ALA FL VICETARY NOON GIV	2. AV. 24475 4. AV. 34475 407 4. AV. 34475	[29] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OCALA, FL 34475 VD EADES, CW 2641 N. MAG. AVE. OCALA, FL 34475 SD DOUGLAS, JC 2641 N MAGNOLIA AVE. OCALA, FL 34478 TD REVELS, L H PO BOPX 6193 N/A	Delete Delete	STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A STREET A	ADDRESS 2 WICE ADDRES	TES CADE. 11 N. MAL CALA, FL FRESCRE LONG 11 N. MAL ALA, FL NOON GIV 41 N. MAL EASURER MES WA	2. AV. 24475 4. AV. 34475 407 4. AV. 34475	Ø Change Ø Change	Addition Addition

I nereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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!

MATURE AND TYSES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352 - 369 - 7000 Daytime Phone #