





# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90057 003 \*\*\*\*70.00

<b>DOCUMENT # N32395</b> 1. Entity Name <b>FRATERNAL ORDER OF POLICE, OCALA LODGE 129, INC.</b>					
Principal Place of Business <b>2641 N MAGNOLIA AVE OCALA, FL 34475-9361</b>			Mailing Address <b>2641 N MAGNOLIA AVE OCALA, FL 34475-9361 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03082006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-2914281</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>KNOBLOCH, RICHARD 2641 N MAG. AVE. OCALA, FL 34475</b>			7. Name and Address of New Registered Agent Name <b>CHARLES EADES</b> Street Address (P.O. Box Number is Not Acceptable) <b>2641 N. MAG. AVE</b> City <b>OCALA</b> FL Zip Code <b>34475</b>		
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 			DATE <b>3-8-06</b>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOBLOCH, RICHARD 2641 N MAG. AVE. OCALA, FL 34475	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHARLES EADES 2641 N. MAG. AV. OCALA, FL 34475	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EADES, CW 2641 N. MAG. AVE. OCALA, FL 34475	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CUCK LONG 2641 N. MAG. AV. OCALA, FL 34475	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOUGLAS, JC 2641 N MAGNOLIA AVE. OCALA, FL 34478	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BRENNON GRADY 2641 N. MAG. AV. OCALA, FL 34475	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REVELS, L H PO BOPX 6193 N/A OCALA, FL 34478	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JAMES WATSON 2641 N. MAG. AV. OCALA, FL 34475	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 			DATE <b>3-8-06</b> DAYTIME PHONE # <b>352-389-7000</b>		