2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 15, 2008
Secretary of State

DOCUMENT# N32395

Entity Name: FRATERNAL ORDER OF POLICE, OCALA LODGE 129, INC.

Current Principal Place of Business:

2641 N MAGNOLIA AVE
OCALA, FL 344759361

New Principal Place of Business:

Current Mailing Address:

2641 N MAGNOLIA AVE
OCALA, FL 344759361 US

New Mailing Address:

FEI Number: 59-2914281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EADES, CHARLES
2641 N MAG. AVE.
OCALA, FL 34475 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: P ( ) Delete
Name: EADES, CHARLES
Address: 2641 N MAG AVE
City-St-Zip: OCALA, FL 34475

Title: VP ( ) Delete
Name: GRADY, BRENNAN
Address: 2641 N MAG AVE
City-St-Zip: OCALA, FL 34475

Title: SVP ( ) Delete
Name: STEWART, GREG
Address: 2641 N MAGNOLIA AVE.
City-St-Zip: OCALA, FL 34478

Title: T ( ) Delete
Name: SIEG, JARED
Address: 2641 N MAG AVE
City-St-Zip: OCALA, FL 34475

Title: S ( ) Delete
Name: DOUGLAS, JASON
Address: 2641 N MAG AVE
City-St-Zip: OCALA, FL 34475

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: PSAT (X) Change ( ) Addition
Name: STOOTHOFF, BRIAN
Address: 2641 N MAG AVE
City-St-Zip: OCALA, FL 34475

Title: PSAT ( ) Change (X) Addition
Name: PARKINS, DAVID
Address: 2641 N MAGNOLIA AVE
City-St-Zip: OCALA, FL 34475

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: JARED SIEG T 07/15/2008

Electronic Signature of Signing Officer or Director — Date