

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37920

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: SARASOTA COUNTY LAW ENFORCEMENT OFFICERS' LODGE NUMBER 45, INC.

**Current Principal Place of Business:**

3255 NOCTURNE RD.  
VENICE, FL 34293 US

**New Principal Place of Business:**

420 BLUEBELL RD.  
VENICE, FL 34293 US

**Current Mailing Address:**

P.O. BOX 1488  
ENGLEWOOD, FL 34295 US

**New Mailing Address:**

FEI Number: 59-2107811      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUNKLEE, LAWRENCE  
3255 NOCTURNE RD.  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

BEASLEY, RICKY  
420 BLUEBELL RD  
VENICE, FL 34293 US

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: RICKY BEASLEY

01/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DUNKLEE, LAWRENCE  
Address: 3255 NOCTURNE RD.  
City-St-Zip: VENICE, FL 34293 US

Title: VD ( ) Delete  
Name: PELFREY, MICHAEL  
Address: 4183 WINFALL AVE.  
City-St-Zip: NORTHPORT, FL 34287 US

Title: SD ( ) Delete  
Name: ROSS, JOSEPH  
Address: 1600 JIM JIM CRT.  
City-St-Zip: VENICE, FL 34293 US

Title: T ( ) Delete  
Name: CZACHUR, TIMOTHY  
Address: 430 CRANE RD.  
City-St-Zip: VENICE, FL 34293 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BEASLEY, RICKY  
Address: 420 BLUEBELL RD  
City-St-Zip: VENICE, FL 34293 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: OBRIEN, MICHAEL  
Address: 556 MEADOW SWEET CIRCLE  
City-St-Zip: OSPREY, FL 34229 US

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: TIMOTHY A. CZACHUR

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01/20/2009

Electronic Signature of Signing Officer or Director

Date