

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40173

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** ALTAMONTE SPRINGS LODGE # 121 FRATERNAL ORDER OF POLICE INC.

**Current Principal Place of Business:**

225 NEWBURYPORT AVE.  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

225 NEWBURYPORT AVE.  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 59-2987167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOOVER, DANIEL C  
175 NEWBURYPORT AVE  
ALTAMONTE SPRINGS, FL 32701 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: VD ( ) Delete  
Name: SMUTZ, DANIEL  
Address: 225 NEWBURYPORT AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD ( ) Delete  
Name: PERRY, JAMES  
Address: 225 NEWBURYPORT AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD ( ) Delete  
Name: NUZZI, WILLIAM E  
Address: 225 NEWBURYPORT AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES PERRY

TD

04/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date