

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43778

FILED
Apr 18, 2005
Secretary of State

Entity Name: TEMPLE TERRACE FRATERNAL ORDER OF POLICE LODGE #101, INC.

Current Principal Place of Business:

11250 N. 56TH STREET
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

11250 N. 56TH STREET
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 23-7431552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFOROS, CHRISTOPHER M
11250 N. 56TH ST
TEMPLE TERRACE, FL 33617 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: PD () Delete
Name: BOSS, ROBERT
Address: 11250 N. 56TH STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD () Delete
Name: JORDAN, GREG
Address: 11250 N 56TH
City-St-Zip: TEMPLE TERRACE, FL

Title: SD () Delete
Name: DUBORD, LISA
Address: 11250 N 56TH ST
City-St-Zip: TEMPLE TERRACE, FL

Title: TD () Delete
Name: JEFFOROS, CHRISTOPHER M
Address: 11250 N. 56TH ST
City-St-Zip: TEMPLE TERRACE, FL 33617

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT M BOSS

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date