

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45971

FILED
Apr 07, 2004
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE TWIN CITIES LODGE #115, INC.

Current Principal Place of Business:

POST OFFICE BOX 872
VALPARAISO, FL 32580

New Principal Place of Business:

POST OFFICE BOX 872
VALPARAISO, FL 325800872

Current Mailing Address:

POST OFFICE BOX 872
VALPARAISO, FL 32580

New Mailing Address:

FEI Number: 59-2679756 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ADAIR, MICHAEL
1513 PINE STREET
NICEVILLE, FL 32578 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: ADAIR, ROY MICHAEL,
Address: 1513 PINE STREET
City-St-Zip: NICEVILLE, FL

Title: VD (X) Delete
Name: MALONEY, ROBERT P JR
Address: 1408 PALM BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: STD () Delete
Name: BUEHLER, NORMAN C
Address: 206 OAKWOOD CIR
City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete
Name: MORRISON, TERRY
Address: 1697 VINE AVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: BUEHLER, NORMAN C
Address: 206 OAKWOOD CIR
City-St-Zip: NICEVILLE, FL 325784243

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: COL NORMAN C BUEHLER

STD

04/07/2004

Electronic Signature of Signing Officer or Director

Date