

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002974

FILED  
Jan 13, 2005  
Secretary of State

**Entity Name:** FRATERNAL ORDER AMERICAN OUTLAWS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

4400 SW 42 TERR  
FORT LAUDERDALE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

3325 GRIFFIN RD  
STE 230  
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

**FEI Number:** 65-0431161      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

LINDERMAN, ALVIN  
4400 SW 42 TERR  
FORT LAUDERDALE, FL 33314 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: SD ( ) Delete  
Name: LENDERMAN, ALVIN  
Address: 4400 SW 42 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: SD ( ) Delete  
Name: EDWARD, PETRESS  
Address: 3325 GRIFFIN RD STE 230  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: PD ( ) Delete  
Name: BIKES, KEITH  
Address: 2210 SW 32 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33312

**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 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: EDWARD PETRESS

SD

01/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date