

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90014 019 ****70.00

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1. Entity Name

**FRATERNAL ORDER OF POLICE, INDIAN RIVER
SHORES LODGE #79, INC.**



Principal Place of Business

**6001 N. A1A
INDIAN RIVER SHORES FL 32963**

Mailing Address

**P O BOX 8055
INDIAN RIVER SHORES FL 32963**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1882680

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOLAN, BRIAN J
6001 N A1A
INDIAN RIVER SHORES FL 32963**

Name **Sean Gibbons**

Street Address (P.O. Box Number is Not Acceptable)

6001 N A1A

City

Indian River Shores

FL

Zip Code

32963

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **MOONEY, TEDD D**
STREET ADDRESS **6001 N. A1A**
CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

TITLE **PD** ☐ Change ☒ Addition
NAME **Sean Gibbons**
STREET ADDRESS **6001 N. A1A**
CITY-ST-ZIP **Indian River Shores, FL 32963**

TITLE **TD** ☐ Delete
NAME **BALLAS, EDWARD**
STREET ADDRESS **6001 N. A1A**
CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **NOLAN, BRIAN**
STREET ADDRESS **6001 N A1A**
CITY-ST-ZIP **INDIAN RIVERS SHORES FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **PUCHALA, LOU**
STREET ADDRESS **6001 A1A**
CITY-ST-ZIP **INDIAN RIVER SHORES FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEAN GIBBONS

2-24-04

Date

772-231-2451

Daytime Phone #