

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
AND
FILED

06 JUN 19 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005246

1. Entity Name

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



Principal Place of Business

Mailing Address

6001 N. A1A
INDIAN RIVER SHORES FL 32963

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

1st MOORE

CR2E037 (10/05)

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

GIBBONS, SEAN
6001 N A1A
INDIAN RIVER SHORES FL 32963

Name

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

City

FL

Zip Code

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, 2006

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS 100076649631
CITY-ST-ZIP 06/27/06--01059--004 **70.00

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

TITLE T/S/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME GIBBONS, SEAN
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 exemptions contained in Section 119, 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:

3/27/06 772-231-2451 6/28