

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005246

FILED
Jun 23, 2009
Secretary of State

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

Current Principal Place of Business:

6001 N. A1A
INDIAN RIVER SHORES, FL 32963

New Principal Place of Business:

6001 N. A1A PMB 8055
INDIAN RIVER SHORES, FL 32963 10

Current Mailing Address:

6001 N A1A PMB 8055
INDIAN RIVER SHORES, FL 32963

New Mailing Address:

6001 N. A1A PMB 8055
INDIAN RIVER SHORES, FL 32963 10

FEI Number: 59-1882680 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PUCHALA, LOU
6001 N A1A
INDIAN RIVER SHORES, FL 32963 US

Name and Address of New Registered Agent:

PUCHALA, LOU
6001 N A1A PMB 8055
INDIAN RIVER SHORES, FL 32963 US

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:

06/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: BALLAS, EDWARD
Address: 6001 N. A1A
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: PD () Delete
Name: PUCHALA, LOU
Address: 6001 N A1A
City-St-Zip: INDIAN RIVERS SHORES, FL 32963

Title: VD () Delete
Name: SHAW, MARK
Address: 6001 N A1A
City-St-Zip: INDIAN RIVER SHORES, FL 32963

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 exemption stated in Chapter 119, 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 BALLAS

TSD

06/23/2009

Electronic Signature of Signing Officer or Director

Date