

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005246

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1882680      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PUCHALA, LOU  
6001 N A1A PMB 8055  
INDIAN RIVER SHORES, FL 32963 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: TSD  
Name: BALLAS, EDWARD  
Address: 6001 N. A1A  
City-St-Zip: INDIAN RIVER SHORES, FL 32963

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

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

I hereby 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 all other like empowered.

SIGNATURE: EDWARD BALLAS

TSD

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date