2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005657

City-St-Zip:

FILED Mar 16, 2004 Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE LAKE WORTH LODGE #1, INC.

Current Principal Place of Business: New Principal Place of Business: P. O. BOX 844 LAKE WORTH, FL 33460 **Current Mailing Address: New Mailing Address:** P. O. BOX 844 LAKE WORTH, FL 33460 FEI Number: 23-7585971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ERICSON, JAMES BAKKE, EARL 4621 SE SWEETWOOD WAY 7691 CÁNAL DRIVE STUART, FL 34997 LAKE WORTH, FL 34997 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: EARL BAKKE 03/16/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete (X) Change () Addition ERICSON, JAMES BROWN, TOM Name: Name: 4411 SE SWEETWOOD WAY Address: 120 NORTH G STREET Address: City-St-Zip: STUART, FL 34997 City-St-Zip: LAKE WORTH, FL 33460 Title: D Title: (X) Change () Addition () Delete Name: LEACH, REX Name: FRANKIEWICZ, RICHARD Address: 1113 15TH AVE S Address: 120 NORTH G STREET City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460 Title: () Delete Title: **TRES** (X) Change () Addition KIMBERLEY, ED BAKKE, EARL Name: Name: 2737 NOKOMIS AVE Address: Address: 120 NORTH G STREET City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: LAKE WORTH, FL 33460 Title: () Delete Title: **TRUS** () Change (X) Addition Name: Name: CARRIERO, MATTHEW Address: Address: 120 NORTH G STREET City-St-Zip: City-St-Zip: LAKE WORTH, FL 33460 Title: () Delete Title: () Change (X) Addition BAER, TODD Name: Name: 120 NORTH G STREET Address: Address:

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.

City-St-Zip:

LAKE WORTH, FL 33460

SIGNATURE: EARL BAKKE TRES 03/16/2004