

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90005 010 ****61.25

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1. Corporation Name

ORLANDO REGIONAL POLICE & FIRE PIPES & DRUMS, IN
C.

Principal Place of Business

421 TIVOLIV PARK DR.
DAVENPORT FL 33837

Mailing Address

421 TIVOLIV PARK DR.
DAVENPORT FL 33837



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 P.O. Box 121688

27 Suite, Apt. #, etc.

28 Clermont FL

29 Zip

30 USA

3. Date Incorporated or Qualified

11/28/1998

4. FEI Number

59-3552695

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CALHOUN, GINA
2114 BOUQUEST CT., #102
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name: Greg Hoggatt
82 Street Address (P.O. Box Number is Not Acceptable): 1869 Shellbark Dr.
83
84 City: Orlando FL 85 Zip Code: 32818

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-99

12. OFFICERS AND DIRECTORS

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/D
1.2 NAME Howard Yates
1.3 STREET ADDRESS P.O. Box 121688
1.4 CITY-ST-ZIP Clermont FL 34712

2.1 TITLE VP/D
2.2 NAME F.S. Meredith
2.3 STREET ADDRESS P.O. Box 121688
2.4 CITY-ST-ZIP Clermont FL 34712

3.1 TITLE S/O
3.2 NAME Dave Stewart
3.3 STREET ADDRESS P.O. Box 121688
3.4 CITY-ST-ZIP Clermont, FL 34712

4.1 TITLE T/D
4.2 NAME Carol Fortier
4.3 STREET ADDRESS P.O. Box 121688
4.4 CITY-ST-ZIP Clermont, FL 34712

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Fortier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99
Date

352-394-4071 x1593
Daytime Phone #

CR2E037 (11/98)