

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006912

**FILED**  
**Mar 08, 2004**  
**Secretary of State****Entity Name:** ORLANDO REGIONAL POLICE & FIRE PIPES & DRUMS, INC.**Current Principal Place of Business:**421 TIVOLIV PARK DR.  
DAVENPORT, FL 33837**New Principal Place of Business:**421 TIVOLI PARK DR.  
DAVENPORT, FL 33837**Current Mailing Address:**P. O. BOX 121688  
CLERMONT, FL 34712**New Mailing Address:****FEI Number:** 59-3552695**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LYNN, MEREDITH S  
421 TIVOH PK DR  
DAVENPORT, FL 33897**Name and Address of New Registered Agent:**LYNN, MEREDITH S  
421 TIVOLI PK DR  
DAVENPORT, FL 33897

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: \_\_\_\_\_

03/08/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: MEREDITH, F. S.  
Address: P. O. BOX 121688  
City-St-Zip: CLERMONT, FL 34712

Title: SD ( ) Delete  
Name: STEWART, DAVE  
Address: P. O. BOX 121688  
City-St-Zip: CLERMONT, FL 34712

Title: TD ( ) Delete  
Name: FORTIER, CAROL  
Address: P. O. BOX 121688  
City-St-Zip: CLERMONT, FL 34712

Title: PD ( ) Delete  
Name: DAVID, MERRILL  
Address: 2403 QUIET WATERS LOOP  
City-St-Zip: OCOEE, FL 34761

Title: PD ( ) Delete  
Name: REGINALD, LYLE  
Address: 407 DUNCAN TRL  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BROWN, RICHARD  
Address: P. O. BOX 121688  
City-St-Zip: CLERMONT, FL 34712

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: SUE, WESTON  
Address: 5597 SADDLE BAG LAKE RD  
City-St-Zip: LAKE WALES, FL 33898

Title: PD (X) Change ( ) Addition  
Name: VICTOR, MCGREGOR  
Address: 16050 DORA AVE  
City-St-Zip: TAVARES, FL 32778

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.

SIGNATURE: CAROL FORTIER

TD

03/08/2004

Electronic Signature of Signing Officer or Director

Date