

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006912

FILED  
Apr 18, 2005  
Secretary of State

**Entity Name:** ORLANDO REGIONAL POLICE & FIRE PIPES & DRUMS, INC.

**Current Principal Place of Business:**

421 TIVOLI PARK DR.  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**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 TIVOLI PK DR  
DAVENPORT, FL 33897 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: VPD ( ) Delete  
Name: MEREDITH, F. S.  
Address: P. O. BOX 121688  
City-St-Zip: CLERMONT, FL 34712

Title: SD ( ) Delete  
Name: BROWN, RICHARD  
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: SUE, WESTON  
Address: 5597 SADDLE BAG LAKE RD  
City-St-Zip: LAKE WALES, FL 33898

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

**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:

Title: D (X) Change ( ) Addition  
Name: BILLY, HOUSTON  
Address: 435 W. CHURCH AVE  
City-St-Zip: LONGWOOD, FL 32750

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

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 R. FORTIER

TD

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date