

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006912

FILED
Apr 30, 2006
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:

275 CARROLL ST
CLERMONT, FL 34711

Current Mailing Address:

P. O. BOX 121688
CLERMONT, FL 34712

New Mailing Address:

275 CARROLL ST
CLERMONT, FL 34711

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MEREDITH, F. S.
Address: 421 TIVOLI PARK DR
City-St-Zip: DAVENPORT, FL 33897

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

Title: TD (X) Change () Addition
Name: FORTIER, CAROL
Address: 275 CARROLL ST
City-St-Zip: CLERMONT, FL 34711

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

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 Chapter 119, 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

04/30/2006

Electronic Signature of Signing Officer or Director

Date