

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002066

Entity Name: FRATERNAL ORDER OF POLICE, WILLIAM "BILL"
RUTHERFORD LODGE #145, INC.**Current Principal Place of Business:**5675 WEST HIGHWAY 40
OCALA, FL 34482**Current Mailing Address:**5675 WEST HIGHWAY 40
OCALA, FL 34482 US**FEI Number: 26-2421915****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, DANIEL R
5675 WEST HIGHWAY 40
OCALA, FL 34482 US*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:** DANIEL R JONES

04/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	JONES, DANIEL R	Name	BRUNER, DARREN
Address	P O BOX 771916	Address	P O BOX 771916
City-State-Zip:	OCALA FL 34477	City-State-Zip:	OCALA FL 34477
Title	TRES	Title	SEC
Name	RODRIGUEZ, TANYA	Name	BRUNER, MARJORIE .
Address	P O BOX 771916	Address	P O BOX 771916
City-State-Zip:	OCALA FL 34477	City-State-Zip:	OCALA FL 34477
Title	COND	Title	TRUSTEE
Name	MILLER, DANIEL	Name	MORIN, ROBBIE
Address	PO BOX 771916	Address	P.O. BOX 771916
City-State-Zip:	OCALA FL 34477	City-State-Zip:	OCALA FL 34477
Title	OUTER GUARD	Title	CHAPLAIN
Name	BOWERS, MATTHEW	Name	NONE , NONE
Address	P O BOX 771916	Address	P O BOX 771916
City-State-Zip:	OCALA FL 34477	City-State-Zip:	OCALA FL 34477

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I hereby 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 all other like empowered.

SIGNATURE: DANIEL R JONES**PRESIDENT**

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	INNER GUARD
Name	MOATS, THOMAS
Address	P O BOX 771916
City-State-Zip:	Ocala FL 34477