2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N03255

Entity Name: CORAL SPRINGS FRATERNAL ORDER OF POLICE LODGE NO. 87, INC.

Current Principal Place of Business:

2801 CORAL SPRINGS DR.
CORAL SPRINGS, FL 330770626

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770626
CORAL SPRINGS, FL 330770626

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES, MICHAEL
2801 CORAL SPRINGS DR.
CORAL SPRINGS, FL 330770626 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: D ( ) Delete
Name: HUGHES, MICHAEL
Address: P.O.BOX 770626
City-St-Zip: CORAL SPRINGS, FL 330770626

Title: T ( ) Delete
Name: WILLIAMS, DOUGLAS
Address: P.O.BOX 770626
City-St-Zip: CORAL SPRINGS, FL 330770626

Title: T ( ) Delete
Name: WILLIAMS, SHERRY
Address: P.O.BOX 770626
City-St-Zip: CORAL SPRINGS, FL 330770626

Title: T ( ) Delete
Name: MILNER, TROY
Address: P.O.BOX 770626
City-St-Zip: CORAL SPRINGS, FL 330770626

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

I hereby certify that the information supplied with this filing does not qualify 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: SHERRY WILLIAMS TRES 01/16/2009
Electronic Signature of Signing Officer or Director — Date