2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007
Secretary of State

DOCUMENT# N49969

Entity Name: FRATERNAL ORDER OF POLICE LODGE 118 INCORPORATED

Current Principal Place of Business:

997 S.W. MACEDO BLVD
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

997 S.W. MACEDO BLVD
PORT ST LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 59-2850193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARENSEN, ROBERT E
997 S.W. MACEDO BLVD
PORT ST LUCIE, FL 34983 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: PD ( ) Delete
Name: ARENSEN, ROBERT
Address: 997 S.W. MACEDO BLVD
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: SD ( ) Delete
Name: GIACCONE, RICHARD
Address: 997 S.W. MACEDO BLVD
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VPD ( ) Delete
Name: BILLIG, JAMES
Address: 997 S.W. MACEDO BLVD
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: TD ( ) Delete
Name: LAGREGA, BRETT
Address: 997 S.W. MACEDO BLVD
City-St-Zip: PORT ST LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition
Name: LUCAS, CHERI
Address: 997 SW MACEDO BLVD
City-St-Zip: PORT ST LUCIE, FL 34983 US

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: ROBERT ARENSEN PD 08/28/2007

Electronic Signature of Signing Officer or Director — Date