

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765679

**Entity Name:** FRATERNAL ORDER OF POLICE, DISTRICT 7, INC.**Current Principal Place of Business:**250 N. ORANGE AVENUE  
STE 600  
ORLANDO, FL 32801**Current Mailing Address:**PO BOX 720344  
ORLANDO, FL 32872 US**FEI Number:** 59-3012199**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENRIQUEZ, CHRISTOPHER E  
2761 FRIGATE DRIVE  
ORLANDO, FL 32812 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:** CHRISTOPHER E HENRIQUEZ

04/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	ASSISTANT DIRECTOR/TREASURER
Name	KLAPKA, STEVE	Name	MOORE, WILLIAM
Address	PO BOX 720344	Address	PO BOX 720344
City-State-Zip:	ORLANDO FL 32872	City-State-Zip:	ORLANDO FL 32872
Title	ASSISTANT DIRECTOR/SECRETARY	Title	DIRECTOR
Name	ERWIN, WILLIAM	Name	STINSON, JEFF
Address	PO BOX 720344	Address	PO BOX 720344
City-State-Zip:	ORLANDO FL 32872	City-State-Zip:	ORLANDO FL 32872
Title	ASSISTANT DIRECTOR	Title	ASSISTANT DIRECTOR
Name	DUNLAP, SHAWN	Name	TIM, BAMMERT
Address	PO BOX 720344	Address	PO BOX 720344
City-State-Zip:	ORLANDO FL 32872	City-State-Zip:	ORLANDO FL 32872
Title	ASSISTANT DIRECTOR	Title	ASSISTANT DIRECTOR
Name	ARZON, BENITO	Name	SAX, MICHAEL
Address	PO BOX 720344	Address	PO BOX 720344
City-State-Zip:	ORLANDO FL 32872	City-State-Zip:	ORLANDO FL 32872

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:** JEFF STINSON**DIRECTOR**

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date