

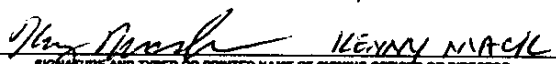


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90038 021 ****70.00

DOCUMENT # 704728			
1. Entity Name FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE, INC.			
Principal Place of Business 242 OFFICE PLAZA POB 1349 (32302) TALLAHASSEE, FL 32301		Mailing Address 242 OFFICE PLAZA POB 1349 (32302) TALLAHASSEE, FL 32301	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMERON, PHILIP D. 2625 NE 22 STREET FORT LAUDERDALE, FL 33305		Name MACK, KENNY	
		Street Address (P.O. Box Number is Not Acceptable) 242 OFFICE PLAZA	
		City Tallahassee	
		FL Zip Code 32301	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: KENNY MACK		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	
		DATE: 2/5/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MANN, JAMES N 9834 SW 195TH STREET MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 VPD miller, Lonnie 11834 Boydras Lane Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACK, KENNY P.O. BOX 627 STEINHATCHEE, FL 32359 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BATHOLOME, RON 2405 EAGLE TRACE DRIVE KISSIMME, FL 34725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, MARTIN P. 1090 S.W 65 AVE W MIAMI, FL 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP PRESTON, JAMES W 702 HYSOP PLACE BRANDON, FL 33510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Preston, James W 702 Hysop Pl Brandon, FL 33510 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERRITT, DONALD E 8146 PICKETTVILLE ROAD JACKSONVILLE, FL 32254 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bonney, Thomas D 10075 Penzance Ln Royal Palm Beach, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD BARROS, MARTIN 12313 NW 13 COURT PEMBROKE PINES, FL 33026 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD Porter Bruce P.O Box 1555 SARASOTA, FL 34260 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 2/5/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 352-498-2485	

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02012007 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7585970 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required