## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #704728**



**FILED** Feb 08, 2007 8:00 am Secretary of State 02-08-2007 90038 021 \*\*\*\*70.00

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			\$0011300						
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,	02012007 Chg-N	IP CR	2E037 (12/06)				
City & State		City & State			4. FEI Number 23-7585970		<u> </u>	pplied For ot Applicable			
Zip	Country	Zip	Country		5. Certificate of Status	Desired X	\$8.75 Ad Fee Require				
	6. Name and Address of Current	Registered Agent			7. Name and Address	of New Registr	ered Agent				
CAMERON 2625 NE 2	Name Street A	MAC Address (F	E, Kewny P.O. Box Number is Not A	Acceptable)							
FORT LAL	JDERDALE, FL 33305			242	OFFice	PLAZA		44			
			City	TALL	ahassee		FL Zip Ca	30 l			
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 MACIL  Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Regulated Agent arguited when resustating)  DATE											
			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
	Filing Fee is \$61.25 Due by May 1, 2007	Trust Fund Cor									
10.		Trust Fund Cor RECTORS		<u> </u>	Added to Fees  DDITIONS/CHANGES TO	Florida D	epartment of S	tate			
TITLE NAME	OFFICERS AND DIF P/D MANN, JAMES N	Trust Fund Cor	11. TITLE NAME	□ A V mill	Added to Fees  DDITIONS/CHANGES TO PD  EV, LONNIE	Florida D	D DIRECTORS IN Change	tate			
TITLE	OFFICERS AND DIF P/D MANN, JAMES N 9834 SW 195TH STREET MIAMI, FL 33157	Trust Fund Cor RECTORS	11.	- A - A - Will 118	Added to Fees  DDITIONS/CHANGES TO PD  EV, LONNIE	Florida D	D DIRECTORS IN Change	tate			
TITLE NAME STREET ADDRESS	OFFICERS AND DIF P/D MANN, JAMES N 9834 SW 195TH STREET	Trust Fund Cor RECTORS	11. TITLE NAME STREET ADDRESS	- A - A - Will 118	Added to Fees  DDITIONS/CHANGES TO PD  EV, LOWN: POYDVA  TOYDVA  TOYDV	Florida D	DIRECTORS IN Change	tate			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P/D MANN, JAMES N 9834 SW 195TH STREET MIAMI, FL 33157 S MACK, KENNY P.O. BOX 627	Trust Fund Co	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	A V Mills	Added to Fees  DDITIONS/CHANGES TO PD er, LOUNIE 39 POYDY LSON VILLE,	Florida DO OFFICERS AND AS CANDEL 32	DIRECTORS IN Change	tate 10 Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MANN, JAMES N 9834 SW 195TH STREET MIAMI, FL 33157 S MACK, KENNY P.O. BOX 627 STEINHATCHEE, FL 32359 VPD BATHOLOME, RON 2405 EAGLE TRACE DRIVE KISSIMME, FL 34725	Trust Fund Col	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NPO GAR JOSO W W	Added to Fees  IDDITIONS/CHANGES TO PD er, Lounie 39 Poydra Lson Ville	Florida DO OFFICERS AND AS CANDEL 32	epartment of S ID DIRECTORS IN Change Change Change Change	tate  1 10  State  Addition  Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P/D MANN, JAMES N 9834 SW 195TH STREET MIAMI, FL 33157 S MACK, KENNY P.O. BOX 627 STEINHATCHEE, FL 32359 VPD BATHOLOME, RON 2405 EAGLE TRACE DRIVE	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VPO Milli 118 JAC VPO 6Ar 1090 W W PD Pres	Added to Fees  DDITIONS/CHANGES TO  PD  EV, LOWNIE  39 POYDER  KSON VILLE  CLIA, MARTIN  S.W 65  AIAMI, FI  TON, JAMES  HYSSO? PL	Florida DO OFFICERS AND AS CANDAS CANDAS P. AVE. 33144	epartment of S ID DIRECTORS IN Change e Call Change	tate  1 10  Solution  Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P/D MANN, JAMES N 9834 SW 195TH STREET MIAMI, FL 33157 S MACK, KENNY P.O. BOX 627 STEINHATCHEE, FL 32359 VPD BATHOLOME, RON 2405 EAGLE TRACE DRIVE KISSIMME, FL 34725 2VP PRESTON, JAMES W 702 HYSSOP PLACE	Trust Fund Col	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	VPO Milli 118 JAC VPO 1090 W W PD Pres BON 1007	Added to Fees  DDITIONS/CHANGES TO  PD  EV, LOUNIE  39 POYDER  LSON VILLE  LSON VILLE  AIAMI, FI  TON, JAMES  HYSSO, PL  JOHN TOMA	Florida DO OFFICERS AND AS CANDAS CANDAS CANDAS AND AS STORE AS ST	epartment of S  ID DIRECTORS IN  Change  Change  Change	tate  1 10  State  Addition  Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	P/D MANN, JAMES N 9834 SW 195TH STREET MIAMI, FL 33157 S MACK, KENNY P.O. BOX 627 STEINHATCHEE, FL 32359 VPD BATHOLOME, RON 2405 EAGLE TRACE DRIVE KISSIMME, FL 34725 2VP PRESTON, JAMES W 702 HYSSOP PLACE BRANDON, FL 33510 TD MERRITT, DONALD E 6146 PICKETTVILLE ROAD	Trust Fund Con	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NPO Milli 118 JAC NPO GAY 1090 W W PD Press BON 1007 Royel	Added to Foes  DDITIONS/CHANGES TO  PD  EV, LOUNIE  39 POYDE  LSON VIIIC,  LSON VII	Florida DO OFFICERS AND AS CANDAS CANDAS CANDAS AND AS STORE AS ST	epartment of S  ID DIRECTORS IN  Change  Change  Change  Change	tate  1 10  Addition  Addition			

The early use the information supplied with this titing does not qualify for the exemptions contained in Chapter 119. Horida 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:	The Genste KENNY MACK	2/	5/07	352-498-2485
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		/ Date	Daytime Phone #