


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

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
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01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7585970	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MACK, LENNY
 242 OFFICE PLAZA
 TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MILLER, LONNIE 242 OFFICE PLAZA, POB 1349 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACK, KENNY 242 OFFICE PLAZA, POB 1349 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP GARCIA, MARTIN P 1090 SW 65TH AVE WEST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESTON, JAMES W 242 OFFICE PLAZA, POB 1349 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONNEY, THOMAS D 242 OFFICE PLAZA, POB 1349 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LOCKWOOD, LARRY 242 OFFICE PLAZA, POB 1349 TALLAHASSEE, FL 32301

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 01/17/08-80044-007 70.00

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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:  **THOMAS D. BONNEY** **Treasurer**

DATE: **1/12/2008** DAYTIME PHONE #: **562-790-1993**