

**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**

DO NOT WRITE IN THIS SPACE



01122008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
23-7585970

Applied For
Not Applicable

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

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01/17/08-80044-007 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS D. BONNEY

Treasurer

1/12/2008

561-790-1993

Date

Daytime Phone #