

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704728

FILED
Jan 17, 2009
Secretary of State

Entity Name: FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE, INC.

Current Principal Place of Business:

242 OFFICE PLAZA
POB 1349 (32302)
TALLAHASSEE, FL 32301

New Principal Place of Business:

242 OFFICE PLAZA
TALLAHASSEE, FL 32301

Current Mailing Address:

242 OFFICE PLAZA
POB 1349 (32302)
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 23-7585970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACK, LENNY
242 OFFICE PLAZA
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MACK, KENNY
242 OFFICE PLAZA
TALLAHASSEE, FL 32301 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: KENNY MACK

01/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 2VP () Delete
Name: MILLER, LONNIE
Address: 242 OFFICE PLAZA, POB 1349
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: MACK, KENNY
Address: 242 OFFICE PLAZA, POB 1349
City-St-Zip: TALLAHASSEE, FL 32301

Title: 1VP () Delete
Name: GARCIA, MARTIN P
Address: 1090 SW 65TH AVE
City-St-Zip: WEST MIAMI, FL 33144

Title: PD () Delete
Name: PRESTON, JAMES W
Address: 242 OFFICE PLAZA, POB 1349
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: BONNEY, THOMAS D
Address: 242 OFFICE PLAZA, POB 1349
City-St-Zip: TALLAHASSEE, FL 32301

Title: C () Delete
Name: LOCKWOOD, LARRY
Address: 242 OFFICE PLAZA, POB 1349
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VP (X) Change () Addition
Name: MILLER, LONNIE
Address: 242 OFFICE PLAZA, POB 1349
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change () Addition
Name: AGUILAR, ARMANDO
Address: 242 OFFICE PLAZA, POB 1349
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS BONNEY

T

01/17/2009

Electronic Signature of Signing Officer or Director

Date