


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 711994 1. Entity Name FRATERNAL ORDER OF POLICE SARASOTA LODGE NUMBER 3, INC.	
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FILED
Aug 18, 2008 08:00 AM
Secretary of State

Principal Place of Business 3600 CIRCUS BLVD SARASOTA, FL 34232	Mailing Address P.O. BOX 1555 SARASOTA, FL 34230-1555
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08142008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 23-7143600	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PORTER, BRUCE 3961 LANCASTER DRIVE SARASOTA, FL 34241
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000000357905 08/18/08-80007-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MYSLIN, STEVE 3600 CIRCUS BLVD SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RIVA, VINCE 2071 RINGLING BLVD SARASOTA, FL 34337
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VILLARDI, HARRY 5856 TIDEWATER AVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, BRUCE 3961 LANCASTER DRIVE SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: X  HARRY VILLARDI X 8-14-08 941 953-7966	Date	Daytime Phone #
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