

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724840

FILED  
Jan 24, 2007  
Secretary of State

**Entity Name:** FRATERNAL ORDER OF POLICE ORLANDO LODGE #25, INC.

**Current Principal Place of Business:**

5505 HANSEL AVE.  
PO BOX 2469  
ORLANDO, FL 32802

**New Principal Place of Business:**

5505 HANSEL AVE.  
ORLANDO, FL 32802

**Current Mailing Address:**

5505 HANSEL AVE.  
PO BOX 2469  
ORLANDO, FL 32802

**New Mailing Address:**

PO BOX 2469  
ORLANDO, FL 32802

**FEI Number:** 23-7178160

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, JEFFERY A  
1753 SABOFF WAY  
OVIEDO, FL 32766 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, JEFFERY A  
Address: 1753 SABOFF WAY  
City-St-Zip: CHULUOTA, FL 32766

Title: S ( ) Delete  
Name: SMITH, JAY  
Address: 204 WILLOBEND DR.  
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete  
Name: MOORE, WILLIAM  
Address: 7373 COSINE AVE.  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: WILLIAM E. MOORE

T

01/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date