

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724840

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

5505 HANSEL AVE.
ORLANDO, FL 32802

New Principal Place of Business:

Current Mailing Address:

PO BOX 2469
ORLANDO, FL 32802

New Mailing Address:

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 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

03/31/2009

Electronic Signature of Signing Officer or Director

Date