2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# 739742

Entity Name: VOLUSIA COUNTY, JIM WHITE LODGE NO. 40 FRATERNAL ORDER OF POLICE, INC.

Current Principal Place of Business:

471 OLD MISSION RD
NEW SMYRNA BEACH, FL 32170 US

New Principal Place of Business:

Current Mailing Address:

471 OLD MISSION RD
PO BOX 943
NEW SMYRNA BEACH, FL 321700943 US

New Mailing Address:

FEI Number: 59-1817919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERLING, ALBERT J
1539 VALENCIA AVE.
DAYTONA BEACH, FL 32117 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: VD ( ) Delete
Name: MCELROY, GARY T
Address: 2526 ARLINGTON AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 321685803

Title: PD ( ) Delete
Name: HURST, MARTIN
Address: 2502 UMBRELLA TREE DRIVE
City-St-Zip: EDGEWATER, FL 321414924

Title: TD ( ) Delete
Name: KERLING, ALBERT J
Address: 1539 VALENCIA AVE.
City-St-Zip: DAYTONA BEACH, FL 32117

Title: SD ( ) Delete
Name: KERLING, ALBERT J
Address: 1539 VALENCIA AVE.
City-St-Zip: DAYTONA BEACH, FL 32117

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:

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: ALBERT J. KERLING SD 03/08/2009
Electronic Signature of Signing Officer or Director — Date