2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# 765679

Entity Name: FRATERNAL ORDER OF POLICE, STATE OF FLORIDA, DISTRICT 7 INC.

Current Principal Place of Business:

5341 MICHIGAN AVE
SANFORD, FL 32771 US

New Principal Place of Business:

10311 WATER HYACINTH DRIVE
ORLANDO, FL 32825 US

Current Mailing Address:

PO BOX 720344
ORLANDO, FL 32872 US

New Mailing Address:

FEI Number: 59-2158232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, DAVE
5341 MICHIGAN AVE
SANFORD, FL 32771 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:	PDD	( ) Delete
Name:	SCOTT, DAVID	
Address:	5341 MICHIGAN AVE	
City-St-Zip:	SANFORD, FL	
Title:	CVDT	( ) Delete
Name:	SIMONSEN, BOB	
Address:	PO BOX 720344	
City-St-Zip:	ORLANDO, FL 32872 US	
Title:	VD	( ) Delete
Name:	KLADKA, STEVE	
Address:	PO BOX 720344	
City-St-Zip:	ORLANDO, FL 32872	
Title:	T	(X) Delete
Name:	BARTHOLME, RON	
Address:	2405 EAGLE TRACE DRIVE	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	S	( ) Delete
Name:	KELLY, ANITA	
Address:	2405 EAGLE TRACE DRIVE	
City-St-Zip:	KISSIMMEE, FL 34746	

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:	
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 Section 119.07(3)(i), 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: ROBERT SIMONSEN T 07/12/2004
Electronic Signature of Signing Officer or Director — Date