2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 765679

1. Entity Name
FRATERNAL ORDER OF POLICE, DISTRICT 7, INC.

Principal Place of Business	Mailing Address
10311 WATER HYACINTH DRIVE ORLANDO, FL 32825 US	PO BOX 720344 ORLANDO, FL 32872 US

07032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2158232
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, DAVE
5341 MICHIGAN AVE
SANFORD, FL 32771

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000767000
07/05/07-80007-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	PDD
NAME	SCOTT, DAVID
STREET ADDRESS	5341 MICHIGAN AVE
CITY-ST-ZIP	SANFORD, FL
TITLE	CVDT
NAME	SIMONSEN, BOB
STREET ADDRESS	PO BOX 720344
CITY-ST-ZIP	ORLANDO, FL 32872
TITLE	VD
NAME	KLADKA, STEVE
STREET ADDRESS	PO BOX 720344
CITY-ST-ZIP	ORLANDO, FL 32872
TITLE	S
NAME	KELLY, ANITA
STREET ADDRESS	2405 EAGLE TRACE DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/3/07 407 832-5690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #