

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765679

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

990 HADDOCK DRIVE  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 720344  
ORLANDO, FL 32872 US

**New Mailing Address:**

**FEI Number:** 59-3012199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLUCCI, KEVIN  
990 HADDOCK DRIVE  
CLERMONT, FL 34711 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  
Name: CARLUCCI, KEVIN  
Address: 990 HADDOCK DRIVE  
City-St-Zip: CLERMONT, FL 34711 US

Title: CVDT  
Name: SIMONSEN, BOB  
Address: PO BOX 720344  
City-St-Zip: ORLANDO, FL 32872 US

Title: VD  
Name: KLAPKA, STEVE  
Address: PO BOX 720344  
City-St-Zip: ORLANDO, FL 32872

I hereby 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 all other like empowered.

SIGNATURE: BOB SIMONSEN

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04/06/2011

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

\_\_\_\_\_  
Date