

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 03, 2012
Secretary of State

DOCUMENT# N03000001893

Entity Name: FRATERNAL ORDER OF POLICE BROWARD ATLANTIC COAST LODGE #53, INC.**Current Principal Place of Business:**1114 NW 81 TER
PLANTATION, FL 33322**New Principal Place of Business:**5591 NW 51 AVE
COCONUT CREEK, FL 33073**Current Mailing Address:**P.O. BOX 15025
FORT LAUDERDALE, FL 33318**New Mailing Address:****FEI Number:** 31-1103284**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WHIFFEN, KATHERINE
1114 NW 81 TER
PLANTATION, FL 33322 US**Name and Address of New Registered Agent:**HOLIFIELD, TOM
5591 NW 51 AVE
COCONUT CREEK, FL 33073 US

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: TOM HOLIFIELD

08/03/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HOLIFIELD, TOM
Address: P.O. BOX 15025
City-St-Zip: PLANTATION, FL 33318

Title: T
Name: ARNDT, PAUL S
Address: P. O. BOX 15025
City-St-Zip: PLANTATION, FL 33318

Title: S
Name: KORN, JULIE
Address: P.O. BOX 15025
City-St-Zip: PLANTATION, FL 33318

Title: VP
Name: MOFFAT, CHRISTOPHER
Address: P.O. BOX 15025
City-St-Zip: PLANTATION, FL 33318

Title: VT
Name: TRITT, MICHAEL
Address: P.O. BOX 15025
City-St-Zip: PLANTATION, FL 33318

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: TOM HOLIFIELD

PRES

08/03/2012

Electronic Signature of Signing Officer or Director

Date