


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000008161

1. Entity Name
 FLORIDA STATE LODGE, FRATERNAL ORDER OF POLICE MEMORIAL COMMITTEE, INC.



Principal Place of Business
 242 OFFICE PLAZA
 TALLAHASSEE, FL 32301

Mailing Address
 PO BOX 1349
 TALLAHASSEE, FL 32302-1349

DO NOT WRITE IN THIS SPACE



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 35-2216194

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MACK, KENNY
 242 OFFICE PLAZA
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	2VP
NAME	MILLER, LONNIE
STREET ADDRESS	11839 POYDRAS LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	S
NAME	MACK, KENNY
STREET ADDRESS	PO BOX 627
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	TD
NAME	BONNEY, THOMAS D
STREET ADDRESS	10075 PENZANCE LN
CITY-ST-ZIP	ROYAL PLAM BEACH, FL 33411
TITLE	VPD
NAME	GARCIA, MARTIN P
STREET ADDRESS	1090 SW 65 AVE
CITY-ST-ZIP	W. MIAMI, FL 33144
TITLE	PD
NAME	PRESTON, JAMES W
STREET ADDRESS	702 HYSOP PLACE
CITY-ST-ZIP	BRANDON, FL 33510
TITLE	CTD
NAME	PORTER, BRUCE
STREET ADDRESS	PO BOX 1555
CITY-ST-ZIP	SARASOTA, FL 34260

U00000786540
 01/17/08-80044-006 70.00

DO NOT WRITE IN THIS SPACE

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: Thomas D. Bonney **THOMAS D. BONNEY** 1/12/2008 561-662-0791
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #