

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N03000008161

Entity Name: FLORIDA STATE LODGE FRATERNAL ORDER OF POLICE MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

242 OFFICE PLAZA
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 1349
TALLAHASSEE, FL 323021349

New Mailing Address:

FEI Number: 35-2216194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACK, KENNY
242 OFFICE PLAZA
TALLAHASSEE, FL 32301 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: 2VP () Delete
Name: MILLER, LONNIE
Address: 11839 POYDRAS LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: MACK, KENNY
Address: PO BOX 627
City-St-Zip: STEINHATCHEE, FL 32359

Title: TD () Delete
Name: BONNEY, THOMAS D
Address: 10075 PENZANCE LN
City-St-Zip: ROYAL PLAM BEACH, FL 33411

Title: VPD () Delete
Name: GARCIA, MARTIN P
Address: 1090 SW 65 AVE
City-St-Zip: W. MIAMI, FL 33144

Title: PD () Delete
Name: PRESTON, JAMES W
Address: 702 HYSSOP PLACE
City-St-Zip: BRANDON, FL 33510

Title: CTD () Delete
Name: PORTER, BRUCE
Address: PO BOX 1555
City-St-Zip: SARASOTA, FL 34260

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VP (X) Change () Addition
Name: MILLER, LONNIE
Address: 242 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

Title: S (X) Change () Addition
Name: MACK, KENNY
Address: 242 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD (X) Change () Addition
Name: BONNEY, THOMAS D
Address: 242 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

Title: 2VP (X) Change () Addition
Name: AGUILAR, ARMANDO
Address: 242 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD (X) Change () Addition
Name: PRESTON, JAMES W
Address: 242 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS BONNEY

T

01/17/2009

Electronic Signature of Signing Officer or Director

Date