
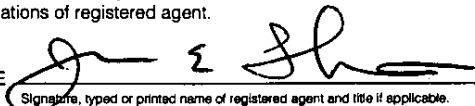


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90019 023 ****61.25

DOCUMENT # N05000008773					
1. Entity Name FRATERNAL ORDER OF POLICE LIGHTHOUSE POINT LODGE #58, INC.					
Principal Place of Business 3701 NE 22ND AVE LIGHTHOUSE POINT, FL 33064			Mailing Address 3701 NE 22ND AVE LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3572306	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCORMICK, PAUL 3701 NE 22ND AVE LIGHTHOUSE POINT, FL 33064				7. Name and Address of New Registered Agent Name: JAMES THORNTON Street Address (P.O. Box Number is Not Acceptable): 3701 NE 22 AVE City: LIGHTHOUSE POINT FL Zip Code: 33064	
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: 3-5-08	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, PAUL		NAME	JAMES THORNTON	
STREET ADDRESS	3701 NE 22ND AVE		STREET ADDRESS	3701 NE 22 AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHRER, BRACE		NAME	SUE NAPOLI	
STREET ADDRESS	3760 NE 22ND AVE		STREET ADDRESS	3701 NE 22 AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP	LIGHTHOUSE POINT	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	LAURA TYLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, LARRY		NAME	LARRY HAWKINS	
STREET ADDRESS	3701 NE 22ND AVE		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUGHNER, GORDON		NAME		
STREET ADDRESS	3701 NE 22ND AVE		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  LARRY D. HAWKINS 01-04-08 954-784-3416