

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003557

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE BROTHERHOOD OF THE THIN BLUE LINE, INC.

Current Principal Place of Business:

17159 PEBBLEWOOD LN.
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

17159 PEBBLEWOOD LN.
PUNTA GORDA, FL 33955

New Mailing Address:

FEI Number: 20-4610669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEINKE, JASON E SR
30661 OIL WELL RD.
PUNTA GORDA, FL 33955 US

Name and Address of New Registered Agent:

STEINKE, JASON E SR
17159 PEBBLEWOOD LN.
PUNTA GORDA, FL 33955 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: JASON STEINKE

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEINKE, JASON E SR
Address: 30661 OIL WELL RD
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: LOUGHREN, NICHOLAS
Address: 1421 NE 1ST AVE.
City-St-Zip: CAPE CORAL, FL 33909

Title: D () Delete
Name: CAGE, CHRISTOPHER
Address: 950 HANCOCK CREEK SOUTH BLVD. APT. 426
City-St-Zip: CAPE CORAL, FL 33909

Title: D () Delete
Name: BRAMOWICZ, EMILY
Address: 2111 SW 13TH ST.
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STEINKE, JASON E SR
Address: 17159 PEBBLEWOOD LN.
City-St-Zip: PUNTA GORDA, FL 33955

Title: VICE (X) Change () Addition
Name: LOUGHREN, NICHOLAS
Address: 1421 NE 1ST AVE.
City-St-Zip: CAPE CORAL, FL 33909

Title: SEC (X) Change () Addition
Name: GELLINGER, BRENDA
Address: 612 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33991

Title: TRES (X) Change () Addition
Name: DOUTY, ANGILIQUE
Address: 159 SE 21ST TERR.
City-St-Zip: CAPE CORAL, FL 33990

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: JASON STEINKE

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date