


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90177 033 \*\*\*\*61.25

<b>DOCUMENT #</b> N06000013078	
<b>1. Entity Name</b> ORLANDO POLICE RETIREES ASSOCIATION, INC.	

<b>Principal Place of Business</b> 100 SOUTH HUGHEY AVE ORLANDO, FL 32802	<b>Mailing Address</b> 100 SOUTH HUGHEY AVE ORLANDO, FL 32802
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<b>2. Principal Place of Business - No P.O. Box #</b> 100 South Hughey	<b>3. Mailing Address</b> P.O. Box 913
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Orlando, Florida	<b>City &amp; State</b> Orlando, Florida
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<b>Zip</b> 32801	<b>Country</b> USA	<b>Zip</b> 32801	<b>Country</b> USA
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03302007 Chg-NP CR2E037 (12/06)

<b>4. FEI Number</b>	<input checked="" type="checkbox"/> <b>Applied For</b>
	<input type="checkbox"/> <b>Not Applicable</b>

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	
LORENZO, CARLOS 100 SOUTH HUGHEY AVE ORLANDO, FL 32802	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable) c/o Police Legal Advisor's Office	
100 South Hughey Avenue	
City Orlando,	FL Zip Code 32801

**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 reinstalling) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>DP</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	LIQUORI, WILLIAM A	<b>NAME</b>	
<b>STREET ADDRESS</b>	PO BOX 913	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	ORLANDO, FL 32802	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>DV</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MCCOY, MICHAEL	<b>NAME</b>	
<b>STREET ADDRESS</b>	PO BOX 913	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	ORLANDO, FL 32802	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>DT</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	PESCHAU, JOHN	<b>NAME</b>	
<b>STREET ADDRESS</b>	PO BOX 913	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	ORLANDO, FL 32802	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>DS</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	HUTTER, ROBERT	<b>NAME</b>	
<b>STREET ADDRESS</b>	PO BOX 913	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	ORLANDO, FL 32802	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**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:** Michael McCoy *Michael McCoy* **4-10-07** (407) 246-2464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #