



FILED
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Secretary of State

05-02-2008 90148 028 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66013690

DOCUMENT # N06000013078					
1. Entity Name ORLANDO POLICE RETIREES ASSOCIATION, INC.					
Principal Place of Business 100 SOUTH HUGHEY AVE ORLANDO, FL 32802			Mailing Address PO BOX 913 ORLANDO, FL 32802		
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 65-1302251	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LORENZO, CARLOS C/O POLICE LEGAL ADVISORS OFFICE 100 S HUGHEY AVE ORLANDO, FL 32802				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
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	LIQUORI, WILLIAM A		TITLE	
NAME				NAME	
STREET ADDRESS		PO BOX 913		STREET ADDRESS	
CITY-ST-ZIP		ORLANDO, FL 32802		CITY-ST-ZIP	
TITLE	DV	MCCOY, MICHAEL		TITLE	
NAME				NAME	
STREET ADDRESS		PO BOX 913		STREET ADDRESS	
CITY-ST-ZIP		ORLANDO, FL 32802		CITY-ST-ZIP	
TITLE	DT	PESCHAU, JOHN		TITLE	
NAME				NAME	
STREET ADDRESS		PO BOX 913		STREET ADDRESS	
CITY-ST-ZIP		ORLANDO, FL 32802		CITY-ST-ZIP	
TITLE	DS	HUTTER, ROBERT		TITLE	
NAME				NAME	
STREET ADDRESS		PO BOX 913		STREET ADDRESS	
CITY-ST-ZIP		ORLANDO, FL 32802		CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
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: 				Date: 4-23-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	