2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N06000013078

Entity Name: ORLANDO POLICE RETIREES ASSOCIATION, INC.

Current Principal Place of Business:

100 SOUTH HUGHEY AVE
ORLANDO, FL 32802

New Principal Place of Business:

100 SOUTH HUGHEY AVE
ORLANDO, FL 32801

Current Mailing Address:

PO BOX 913
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 65-1302251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORENZO, CARLOS
C/O POLICE LEGAL ADVISORS OFFICE
100 S HUGHEY AVE
ORLANDO, FL 32802 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: DP ( ) Delete
Name: LIQUORI, WILLIAM A
Address: PO BOX 913
City-St-Zip: ORLANDO, FL 32802

Title: DV ( ) Delete
Name: MCCOY, MICHAEL
Address: PO BOX 913
City-St-Zip: ORLANDO, FL 32802

Title: DT ( ) Delete
Name: PESCHAU, JOHN
Address: PO BOX 913
City-St-Zip: ORLANDO, FL 32802

Title: DS ( ) Delete
Name: HUTTER, ROBERT
Address: PO BOX 913
City-St-Zip: ORLANDO, FL 32802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WILLIAM LIQUORI DP 04/24/2009

Electronic Signature of Signing Officer or Director — Date