

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08224

FILED
Jan 03, 2008
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE, FLORIDA DISTRICT 3, INC.

Current Principal Place of Business:

702 HYSSOP PLACE
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

702 HYSSOP PLACE
BRANDON, FL 33510

New Mailing Address:

FEI Number: 59-2698065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESTON, JAMES W
702 HYSSOP PLACE
BRANDON, FL 33510 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: TD () Delete
Name: PRESTON, JAMES W
Address: 702 HYSSOP PL
City-St-Zip: BRANDON, FL 33510

Title: PD () Delete
Name: LEONARD, EUGENE
Address: 1038 CARRIAGE PARK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: SMITH, CRAIG
Address: 5809 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

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:

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: JAMES W PRESTON

TD

01/03/2008

Electronic Signature of Signing Officer or Director

Date