## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N17312

FILED Mar 26, 2007 Secretary of State

Entity Name: POLK COUNTY FRATERNAL ORDER OF POLICE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 125 W. BRANNEN RD. LAKELAND, FL 33813 US **Current Mailing Address: New Mailing Address:** PO BOX 5295 LAKELAND, FL 33807 US FEI Number: 59-2785561 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, CRAIG C 125 W. BRANNEN ROAD LAKELAND, FL 33813 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: CRAIG C. SMITH Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition MILLER, ELLEN D Name: Name: 125 W. BRANNEN RD. Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: ( ) Delete Title: TD (X) Change ( ) Addition SAMPLE, WILLIAM Name: SMITH, CRAIG C Name: Address: 125 W. BRANNEN RD. Address: 125 W. BRANNEN RD. City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 Title: VD. () Delete Title: () Change () Addition LATTIG, ROBERT Name: Name: 125 W. BRANNEN ROAD Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DOMBROWSKY, LYNN Name: 125 W. BRANNEN RD. Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: PD () Delete Title: PΠ (X) Change ( ) Addition SMITH, CRAIG C WALLER, DAVID Name: Name: 125 W. BRANNEN ROAD 125 W. BRANNEN ROAD Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 Title: () Delete Title: (X) Change ( ) Addition WILKINSON, ROBERT WENDEL. ANNE-MARIE Name: Name: Address: 125 W. BRANNEN ROAD Address: 125 W. BRANNEN ROAD LAKELAND, FL 33813 LAKELAND, FL 33813 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG C. SMITH TD 03/26/2007