2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N23899

Entity Name: ROBERT E. LISTER MEMORIAL LODGE #66, FRATERNAL ORDER OF POLICE, INC.

Current Principal Place of Business:

C/O DEHART, KERI
23300 HARPER AVE.
PT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

C/O DEHART, KERI
23300 HARPER AVE.
PT CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 59-2652000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEHART, KERI
23300 HARPER AVE.
PT. CHARLOTTE, FL 33980 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: PD ( ) Delete
Name: WRIGHT, KEITH
Address: 23300 HARPER AVE.
City-St-Zip: PT. CHARLOTTE, FL 33980

Title: SD ( ) Delete
Name: DEHART, KERI
Address: 23300 HARPER AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VD ( ) Delete
Name: BROOM, TED
Address: 23300 HARPER AVE.
City-St-Zip: PT. CHARLOTTE, FL 33980

Title: D ( ) Delete
Name: STOVER, GILBERT
Address: 23300 HARPER AVE.
City-St-Zip: PT. CHARLOTTE, FL 33980

Title: TD ( ) Delete
Name: FIORINI, JOSEPH
Address: 23300 HARPER AVE.
City-St-Zip: PT. CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROBBINS, ROBBIE
Address: 23300 HARPER AVE.
City-St-Zip: PT. CHARLOTTE, FL 33980

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

Title: VD (X) Change ( ) Addition
Name: HENYECZ, LOU
Address: 23300 HARPER AVE.
City-St-Zip: PT. CHARLOTTE, FL 33980

Title: D (X) Change ( ) Addition
Name: BROOM, TED
Address: 23300 HARPER AVE.
City-St-Zip: PT. CHARLOTTE, FL 33980

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: KERI L. DEHART SD 05/02/2008
Electronic Signature of Signing Officer or Director — Date