2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007
Secretary of State

DOCUMENT# N30817

Entity Name: FRATERNAL ORDER OF POLICE, POMPANO BEACH LODGE #23, INC.

Current Principal Place of Business:

3025 NE 14 AV
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3025 NE 14 AV
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 23-7585456 **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:

KLAUSNER, ROBERT D.
6565 TAFT STREET, SUITE 200
HOLLYWOOD, FL 33024 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: P ( ) Delete
Name: PEPPER SHAW, B. N.
Address: 3025 NE 14 AV
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD ( ) Delete
Name: REILLY, KEVIN
Address: 3025 NE 14 AV
City-St-Zip: POMPANO BEACH, FL 33064

Title: STD ( ) Delete
Name: LARSON, ROBIN
Address: 3025 NE 14 AV
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: ADKINS, WAYNE
Address: 3025 NE 14 AV
City-St-Zip: POMPANO BEACH, FL 33064

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: ROBIN LARSON STD 05/25/2007

Electronic Signature of Signing Officer or Director — Date