2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2008
Secretary of State

DOCUMENT# N37920

Entity Name: SARASOTA COUNTY LAW ENFORCEMENT OFFICERS' LODGE NUMBER 45, INC.

Current Principal Place of Business:

P.O. BOX 1488
ENGLEWOOD, FL 34295 US

New Principal Place of Business:

3255 NOCTURNE RD.
VENICE, FL 34293 US

Current Mailing Address:

P.O. BOX 1488
ENGLEWOOD, FL 34295 US

New Mailing Address:

FEI Number: 59-2107811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNKLEE, LAWRENCE
3255 NOCTURNE RD.
VENICE, FL 34293 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: DUNKLEE, LAWRENCE
Address: 3255 NOCTURNE RD.
City-St-Zip: VENICE, FL 34293 US

Title: VD ( ) Delete
Name: PELFREY, MICHAEL
Address: 4183 WINFALL AVE.
City-St-Zip: NORTHPORT, FL 34287 US

Title: SD ( ) Delete
Name: ROSS, JOSEPH
Address: 1600 JIM JIM CRT.
City-St-Zip: VENICE, FL 34293 US

Title: T ( ) Delete
Name: CZACHUR, TIMOTHY
Address: 430 CRANE RD.
City-St-Zip: VENICE, FL 34293 US

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: TIMOTHY CZACHUR T 01/20/2008
Electronic Signature of Signing Officer or Director — Date