2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# N38153

Entity Name: FRATERNAL ORDER OF POLICE, LODGE 62, INC.

Current Principal Place of Business:

9500 PINES BLVD.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 821496
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 59-2393496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLAUSNER, ROBERT D.
10059 NW 1 CT
PLANTATION, FL 33324 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: SORANGELO, LOUIS
Address: P.O. BOX 821496
City-St-Zip: PEMBROKE PINES, FL 330821496

Title: VD ( ) Delete
Name: WELLS, RONALD
Address: P.O. BOX 821496
City-St-Zip: PEMBROKE PINES, FL 330821496

Title: TD ( ) Delete
Name: CORTESE, GREGORY
Address: PO BOX 821496
City-St-Zip: PEMBROKE PINES, FL 330821496

Title: SD ( ) Delete
Name: DAVIS, VALERIE
Address: PO BOX 821496
City-St-Zip: PEMBROKE PINES, FL 330821496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: MCCLASKEY, DAWN
Address: PO BOX 821496
City-St-Zip: PEMBROKE PINES, FL 330821496

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: LOUIS A SORANGELO PD 01/16/2008

Electronic Signature of Signing Officer or Director — Date