

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45971

FILED  
Mar 07, 2007  
Secretary of State

**Entity Name:** FRATERNAL ORDER OF POLICE TWIN CITIES LODGE #115, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 872  
VALPARAISO, FL 325800872

**New Principal Place of Business:**

674 BRUNSON STREET  
CRESTVIEW, FL 32536

**Current Mailing Address:**

POST OFFICE BOX 872  
VALPARAISO, FL 32580

**New Mailing Address:**

674 BRUNSON STREET  
CRESTVIEW, FL 32536

**FEI Number:** 59-2679756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAIR, MICHAEL  
1513 PINE STREET  
NICEVILLE, FL 32578 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: ADAIR, ROY MICHAEL,  
Address: 1513 PINE STREET  
City-St-Zip: NICEVILLE, FL 32578

Title: ST ( ) Delete  
Name: EARLEY, II, ARTHUR L.  
Address: 674 BRUNSON STREET  
City-St-Zip: CRESTVIEW, FL 32536

Title: T ( ) Delete  
Name: MORRISON, TERRY  
Address: 1697 VINE AVE  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: ST (X) Change ( ) Addition  
Name: EARLY, II, ARTHUR L  
Address: 674 BRUNSON STREET  
City-St-Zip: CRESTVIEW, FL 32536

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ROY MICHAEL ADAIR

PD

03/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date