2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N50903

Entity Name: FRATERNAL ORDER OF POLICE, NORTH OKALOOSA LODGE #146, INC.

Current Principal Place of Business:

326 N. MAIN STREET
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

P O BOX 476
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3043752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, LARRY W PRES.
OKALOOSA COUNTY SHERIFF'S OFFICE
296 BRACKIN ST.
CRESTVIEW, FL 32536 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: PRES ( ) Delete
Name: WARD, LARRY W
Address: 4388 JACK POWELL RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: VP ( ) Delete
Name: ROBINSON, TRAVIS E VP
Address: 6041 JOHN NIX RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: SEC ( ) Delete
Name: ROBINSON, KELI
Address: 4385 JACK POWELL RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: TRES ( ) Delete
Name: ROBINSON, KELI
Address: 4385 JACK POWELL RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: STTR ( ) Delete
Name: GRIFFITH, STEPHEN D
Address: 5921 OAKCREST DR.
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPRS (X) Change ( ) Addition
Name: ROBINSON, TRAVIS E VP
Address: 6041 JOHN NIX RD.
City-St-Zip: CRESTVIEW, FL 32539

Title: SEC (X) Change ( ) Addition
Name: GRAPPONE, BOB
Address: 416 WHIRLAWAY CT.
City-St-Zip: CRESTVIEW, FL 32539

Title: TRES (X) Change ( ) Addition
Name: ROBINSON, KELI
Address: 432 DELAWARE RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: LARRY W. WARD PRES 01/16/2009
Electronic Signature of Signing Officer or Director — Date