2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N92000000544

Entity Name: FRATERNAL ORDER OF POLICE WINTER PARK LODGE 64, INC.

Current Principal Place of Business:

500 NORTH VIRGINIA AVENUE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1747
WINTER PARK, FL 32790 US

New Mailing Address:

FEI Number: 23-7585495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLKERSON, TIMOTHY R
500 N VIRGINIA AV
WINTER PARK, FL 32789 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:	DP	( ) Delete
Name:	VOLKERSON, TIMOTHY R	
Address:	500 NORTH VIRGINIA AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	VP	( ) Delete
Name:	LOOMIS, JAMIE	
Address:	500 NORTH VIRGINIA AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	DS	( ) Delete
Name:	VOLKERSON, TIM	
Address:	500 NORTH VIRGINIA AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	DT	( ) Delete
Name:	MASSALLO, GERMAN	
Address:	500 NORTH VIRGINIA AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	TR	( ) Delete
Name:	MARTIN, DAVID	
Address:	500 NORTH VIRGINIA AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	STRUBE, LINA	
Address:	500 NORTH VIRGINIA AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	

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:	
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 VOLKERSON DP 03/29/2009

Electronic Signature of Signing Officer or Director — Date