

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001022

FILED
Jul 17, 2007
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE GULF BREEZE LODGE #114, INC.

Current Principal Place of Business:

8 PFEFFER ST.
GULF BREEZE, FL 32561

New Principal Place of Business:

8 PFEFFER STREET
GULF BREEZE, FL 32561

Current Mailing Address:

P.O. BOX 1114
GULF BREEZE, FL 32562

New Mailing Address:

POST OFFICE BOX 1114
GULF BREEZE, FL 32562 US

FEI Number: 59-1985248 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURKE, MARK
P.O. BOX 1114
311 FAIRPOINT DR.
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

BURKE, MARK E
1149 JAGUAR CIRCLE
GULF BREEZE, FL 32563 US

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: MARK E. BURKE

07/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURKE, MARK
Address: P.O. BOX 1114 N/A
City-St-Zip: GULF BREEZE, FL 32562

Title: SD () Delete
Name: PATE, LAMAR
Address: P.O. BOX 1114
City-St-Zip: GULF BREEZE, FL 32562

Title: TD () Delete
Name: HATCHER, HARROLD
Address: P O BOX 1114 N/A
City-St-Zip: GULF BREEZE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURKE, MARK
Address: POST OFFICE BOX 1114
City-St-Zip: GULF BREEZE, FL 32562 US

Title: SD (X) Change () Addition
Name: PATE, LAMAR
Address: POST OFFICE BOX 1114
City-St-Zip: GULF BREEZE, FL 32562 US

Title: TD (X) Change () Addition
Name: LYSTER, MARK
Address: POST OFFICE BOX 1114
City-St-Zip: GULF BREEZE, FL 32562 US

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: MARK E. BURKE

PRES

07/17/2007

Electronic Signature of Signing Officer or Director

Date