2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N93000001022

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

Current Principal Place of Business:

311 FAIRPOINT DRIVE
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1114
GULF BREEZE, FL 32562 US

New Mailing Address:

FEI Number: 59-1985248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BURKE, MARK E PRES.
115 BEAR DRIVE
GULF BREEZE, FL 32561 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 03/31/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: SEALES, JOSHUA SEC.
Address: POST OFFICE BOX 1114
City-St-Zip: GULF BREEZE, FL 32562 US

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: MARK E. BURKE P 03/31/2009
Electronic Signature of Signing Officer or Director Date