2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000001671



FILED Apr 30, 2007 8:00 am Secretary of State

| 1. Entity Name HIGHLANDS COUNTY FRATERNAL ORDER OF POLICE LODGE #99, INC. | | | | | | | 04-30-2 | 00790 |)454 () | 06 **** | 51.25 | | |
|--|---|---|----------------------|--|--|--|------------------|-------------------------------|------------------|-----------------|----------------------------|---------------------------------------|---------------------------------|
| Principal Place of Business 452 FOX TRAIL SEBRING, FL 33870 | | | POE | Mailing Address P O BOX 7432 SEBRING, FL 33872 | | | | A cardo maio Graf | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Su | Suite, Apt. #, etc. | | | | 04152007 | Chg-NP | c | R2E03 | 7 (12/06) | |
| City & State | | | Cit | City & State | | | | 4. FEI Number 65-0372295 | | | Applied For Not Applicable | | |
| Zip | Country | | | Zip | | Country | | | of Status Desi | | | \$8.75 Ad Fee Require | |
| | 6. Name | and Address of Curren | nt Registere | d Agent | | Name | | 7. Name and | Address of N | lew Regi | stered / | lgent | |
| FLETCHER, WILLIAM B 559 S. COMMERCE AVENUE SEBRING, FL 33870 | | | | | | | ddress (f | ⊃.O. Box Numbi | er is Not Accep | ptable) | | | |
| | | | | | | City | | | | | | Zio Coo | io |
| | | | | | | | | | | | FL | | |
| | named entity tions of registe | submits this statement ered agent. | for the purp | ose of changing its | register | ed office o | r register | ed agent, or bot | th, in the State | of Florida | a.lamif | amiliar with | , and accept |
| | | | | | | | | | | | | | |
| SIGNATURE | Signature, typed | or printed name of registered age | ent and title if app | ficable. (NOTE | Pegistere | d Agent signet | ure required | when reinstating) | | • | DATE | | |
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| · · · · · · · · · · · · · · · · · · · | _ | e is \$61.25 lay 1, 2007 | | 9. Election Can Trust Fund C | | | | \$5.00 May B Added to Fees | le Sa | Make Florida | | payable i | |
| 10. | Due by M | | DIRECTORS | | | | | | | Make Fiorida | Depart | payable (ment of S | tate |
| MIE | Due by M | OFFICERS AND D | DIRECTORS | | 11. | ion. | | Added to Fees | | Make Fiorida | Depart | payable (ment of S | tate |
| | Due by M D FANE, JAI | OFFICERS AND D | DIRECTORS | Trust Fund C | 11. | ion. | | Added to Fees | | Make Fiorida | Depart | payable (ment of S RECTORS II | v 10 |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Due by M FANE, JAI 3605 DUF SEBRING VD JOHNSON | OFFICERS AND D MES P FER ROAD , FL 33872 | DIRECTORS | Trust Fund C | 91. TITU NAM STRE CITY TITU NAM | E E ET ADDRESS -ST-ZIP | | Added to Fees | | Make Fiorida | Depart | Dayable (basent of S BECTORS II | tate V 10 Addition |
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I necessy certify may the information supplied with this filting does not quality for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Button Milam Betty J. Milam

SIGNATURE: BUTTON PROBLEM OF SIGNANG OFFICER OR DIRECTOR 04/26/2007 863-402-7355 Dayline Phone #