2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000001671

SIGNATURE: ∠

1. Entity Name
HIGHLANDS COUNTY FRATERNAL ORDER OF POLICE
LODGE #99 INC



FILED May 27, 2008 8:00 am Secretary of State

05-27-2008 90039 031 ****61.25

LODGE #	99, INC.					18	TEL						
Principal Place of Business 452 FOX TRAIL SEBRING, FL 33870			Mailing Address P O BOX 7432 SEBRING, FL 33872										
Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				05142008	Chg-N	Þ	CR2E0	37 (12/06)		
City & State	0		City & State					4. FEI Number Applied For 65-0372295 Not Applied For					·
Zip Country			Zip Cou			intry	5. Certificate of Status Desired S8.75 Additional Fee Required					itional	
	6. Name	d Agent					7. Name and Address of New Registered Agent						
FLETCHER, WILLIAM B 559 S. COMMERCE AVENUE SEBRING, FL 33870						Name Street Address (P.O. Box Number is Not Acceptable)							
		s **				City	City					Zip Code	3
8. 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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if app	vicable. (NOTE	: Registere	d Agent signat	ure required	when reinstating)			DATE		
Filing Fee is \$61.25 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution.								\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.		OFFICERS AND DI	RECTORS		11.		- /	ADDITIONS/CHA	NGES TO	OFFICE	RS AND D	RECTORS IN	10
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CITY-ST-ZIP	ł	, FL 33870					Ava	U PARH,	PL 3	3825			
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CITY-ST-ZIP	SEBRING	, FL 33870		- · · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP	AVOX	J PARK,	PC :	3382	<u> </u>		
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STREET ADDRESS	4125 KEA				STRE	ET ADDRESS							
CITY-ST-ZIP	1	, FL 33872			CITY	-ST-ZIP							
indicated of the cor	12. I hereby certify that the information supplied with this filing does not qualify 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 the receiver 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.												

Michael J. HELMS