

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001671

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

452 FOX TRAIL
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P O BOX 7432
SEBRING, FL 33872

New Mailing Address:

FEI Number: 65-0372295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, WILLIAM B
559 S. COMMERCE AVENUE
SEBRING, FL 33870 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: D () Delete
Name: FANE, JAMES P
Address: 3602 DUFFER RD.
City-St-Zip: SEBRING, FL 33872 US

Title: VD () Delete
Name: JOHNSON, BOOKER
Address: 202 WILLIAM GRAY CT
City-St-Zip: AVON PARK, FL 33825 US

Title: VD () Delete
Name: CAMPBELL, ROBERT
Address: P.O. BOX 994
City-St-Zip: LAKE PLACID, FL 33862 US

Title: T () Delete
Name: NOTO, JOSEPH
Address: PO BOX 1103
City-St-Zip: AVON PARK, FL 33825 US

Title: SD () Delete
Name: HELMS, MICHAEL
Address: 1968 N. HIGHLANDS BLVD.
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Delete
Name: SANDERS, HOWARD
Address: 4125 KEARLY AVE.
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CAMPBELL, ROBERT
Address: P.O. BOX 994
City-St-Zip: LAKE PLACID, FL 33862 US

Title: S (X) Change () Addition
Name: MILAM, BETTY J
Address: 3501 SEBRING PKWY
City-St-Zip: SEBRING, FL 33870 US

Title: D (X) Change () Addition
Name: SANDERS, HOWARD
Address: 4125 KEARLY AVE
City-St-Zip: SEBRING, FL 33872 US

Title: D (X) Change () Addition
Name: HOLTON, BENNIE
Address: 2100 GARDENIA AVE
City-St-Zip: SEBRING, FL 33872 US

Title: D (X) Change () Addition
Name: HELMS, MICHAEL
Address: 1968 N. HIGHLANDS BLVD.
City-St-Zip: AVON PARK, FL 33825

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: BETTY J MILAM

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date