

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004650

FILED
Jul 14, 2009
Secretary of State

Entity Name: ROBERT E. LISTER MEMORIAL LODGE #66, FRATERNAL ORDER OF POLICE AUXILIARY, INC.

Current Principal Place of Business:

23300 HARPER AVENUE
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

23300 HARPER AVENUE
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 59-2644652 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

VOGEL, MINERVA
23300 HARPER AVENUE
PORT CHARLOTTE, FL 33980 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VOGEL, MINERVA
Address: 5101 ALMAR DR
City-St-Zip: PUNTA GORDA, FL

Title: TS () Delete
Name: BROOM, RELINDA
Address: 617 TAHITI CRT
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RELINDA BROOM

TS

07/14/2009

Electronic Signature of Signing Officer or Director

Date