2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N94000005025

Entity Name: FRATERNAL ORDER OF POLICE LODGE #111, THE POLLAK-GROGAN-JOHNSON MEMORIAL LODGE, INCORPORATED

Current Principal Place of Business:

130 MALABAR ROAD SE
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 100285
PALM BAY, FL 32909 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

VEINA, MICHAEL L
130 MALABAR ROAD SE
PALM BAY, FL 32909 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: PD ( ) Delete
Name: COMBS, ROBERT J
Address: P O BOX 100285 NA
City-St-Zip: PALM BAY, FL 329100285

Title: STT ( ) Delete
Name: MORRIS, KEVIN
Address: PO BOX 100285
City-St-Zip: PALM BAY, FL 329100285

Title: VT ( ) Delete
Name: MICHAEL, VEINA
Address: P. O. BOX 100285 NA
City-St-Zip: PALM BAY, FL

Title: TR ( ) Delete
Name: COMBS, ROBERT JR
Address: PO BOX 100285
City-St-Zip: PALM BAY, FL 329100285

Title: TR ( ) Delete
Name: COMBS, ROBERT JR
Address: PO BOX 100285
City-St-Zip: PALM BAY, FL 329100285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT COMBS PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date