

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005025

FILED  
Jan 06, 2010  
Secretary of State

**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 (X)**

**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  
Name: COMBS, ROBERT J  
Address: P O BOX 100285 NA  
City-St-Zip: PALM BAY, FL 329100285

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

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

Title: TR  
Name: RIBNICKY, THOMAS JR  
Address: PO BOX 100285  
City-St-Zip: PALM BAY, FL 329100285

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL L VEINA

VT

01/06/2010

Electronic Signature of Signing Officer or Director

Date