

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005674

FILED
Jan 08, 2009
Secretary of State

Entity Name: FRATERNAL ORDER OF POLICE, SOUTH FLORIDA FEDERAL LODGE #127, INC.

Current Principal Place of Business:

PO BOX 821808
SOUTH FLORIDA, FL 330821808

New Principal Place of Business:

11620 SW 10TH STREET
PEMBROKE PINES, FL 330254330 US

Current Mailing Address:

PO BOX 821808
SOUTH FLORIDA, FL 330821808

New Mailing Address:

PO BOX 821808
SOUTH FLORIDA, FL 330821808 US

FEI Number: 65-0660600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLAUSNER, ROBERT D
6565 TAFT STREET
SUITE 200
HOLLYWOOD, FL 33024 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: P () Delete
Name: SANTIAGO, THOMAS J
Address: 11620 SW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD () Delete
Name: RIVERA, ROBERT
Address: P O BOX 590811 N/A
City-St-Zip: MIAMI, FL 331521019

Title: SD () Delete
Name: SANTIAGO, THOMAS J
Address: 11620 SW 10 ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TD () Delete
Name: RALEIGH, DWIGHT A
Address: PO BOX 52-0673
City-St-Zip: MIAMI, FL 331520673

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANTIAGO, THOMAS J
Address: 11620 SW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 330254330 US

Title: VD (X) Change () Addition
Name: RIVERA, ROBERT
Address: P O BOX 590811 N/A
City-St-Zip: MIAMI, FL 331521019 US

Title: SD (X) Change () Addition
Name: SANTIAGO, THOMAS J
Address: 11620 SW 10 ST
City-St-Zip: PEMBROKE PINES, FL 330254330 US

Title: TD (X) Change () Addition
Name: RALEIGH, DWIGHT A
Address: PO BOX 52-0673
City-St-Zip: MIAMI, FL 331520673 US

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: THOMAS J. SANTIAGO

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date