2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N96000005101

Entity Name: FRATERNAL ORDER OF POLICE, DISTRICT FOUR, MEMORIAL FUND, INC.

Current Principal Place of Business:

901 SOUTH CONGRESS AVE.
SUITE 054
W. PALM BEACH, FL 33416 US

New Principal Place of Business:

901 SOUTH CONGRESS AVE.
SUITE 549
W. PALM BEACH, FL 33416 US

Current Mailing Address:

P. O. BOX 22911
W. PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: 31-1538605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS & CLOUGH
4512 NO FLAGLER DRIVE
WEST PALM BEACH, FL 33407 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: DIR ( ) Delete
Name: BURROUGHS, EDGAR E DIRECTO
Address: 421 DAVIS RD
City-St-Zip: PALM SPRINGS, FL 33461

Title: TD ( ) Delete
Name: BONNEY, THOMAS
Address: P. O. BOX 22911
City-St-Zip: WEST PALM BEACH, FL 33416

Title: SD ( ) Delete
Name: SHIFFLETT, KELLY
Address: P. O. BOX 22911
City-St-Zip: W. PALM BEACH, FL 33416

Title: VD ( ) Delete
Name: FARON, CHRIS
Address: P. O. BOX 22911
City-St-Zip: WEST PALM BEACH, FL 33416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: ROBERTSON, ROBB
Address: P.O.BOX 22911
City-St-Zip: WEST PALM BEACH, FL 33416

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

Title: D (X) Change ( ) Addition
Name: SHIFFLETT, KELLY
Address: P. O. BOX 22911
City-St-Zip: W. PALM BEACH, FL 33416

Title: VD (X) Change ( ) Addition
Name: RUFER, ED
Address: P. O. BOX 22911
City-St-Zip: WEST PALM BEACH, FL 33416

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 BONNEY T 01/17/2009

Electronic Signature of Signing Officer or Director — Date