

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001414

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: F.O.P. SANTA ROSA LODGE #123 INC.

## Current Principal Place of Business:

6860 CAROLINE STREET  
SUITE #7  
MILTON, FL 32583 US

## New Principal Place of Business:

5240 WILLING ST.  
MILTON, FL 32570 US

## Current Mailing Address:

P.O. BOX 683  
MILTON, FL 32572

## New Mailing Address:

FEI Number: 59-3077965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTA ROSA FOP LODGE #123  
6860 CAROLINE STREET  
SUITE #7  
MILTON, FL 32570 US

## Name and Address of New Registered Agent:

SANTA ROSA FOP LODGE #123  
5240 WILLING ST.  
MILTON, FL 32570 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: MICHAEL CLINE

04/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BUTCHER, LELAND  
Address: PO BOX 683  
City-St-Zip: MILTON, FL 32572

Title: VP ( ) Delete  
Name: GRIFFIN, TERRY  
Address: PO BOX 683  
City-St-Zip: MILTON, FL 32572

Title: ST ( ) Delete  
Name: SARVER, FRANK  
Address: P.O. BOX 683  
City-St-Zip: MILTON, FL 32572

Title: S ( ) Delete  
Name: LEWIS, ANNA  
Address: PO BOX 683  
City-St-Zip: MILTON, FL 32572

Title: T ( ) Delete  
Name: CLINE, MIKE  
Address: PO BOX 683  
City-St-Zip: MILTON, FL 32572

Title: D ( ) Delete  
Name: TUCKER, SHANE  
Address: P.O. BOX 683  
City-St-Zip: MILTON, FL 32572

## 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:

Title: D (X) Change ( ) Addition  
Name: TEICHNER, ADAM  
Address: P.O. BOX 683  
City-St-Zip: MILTON, FL 32572

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: MICHAEL CLINE

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date