2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2007 8:00 am Secretary of State DOCUMENT # N97000005246 1. Entity Name 02-27-2007 90011 011 ****70.00 FRATERNAL ORDER OF POLICE, INDIAN RIVER SHORES LODGE #79, INC. Principal Place of Business Mailing Address 6001 N. A1A P O BOX 8055 INDIAN RIVER SHORES FL 32963 INDIAN RIVER SHORES FL 32963 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6001 NAJA PMB 8055 Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1882680 Indian River Shores, Fu Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32963 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . o u Puchala GIBBONS, SEAN Street Address (P.O. Box Number is Not Acceptable) 6001 N A1A: INDIAN RIVER SHORES FL 32963 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE dere of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstature) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD ви TSD ☐ Defete 11111 Change . Addition NAMI Puchala, Lou BALLAS, EDWARD NAMI STREET ADDRESS 6001 N ALA 6001 N. A1A STREET ADDRESS CITY ST ZIP INDIAN RIVER SHORES FL 32963 CHY ST ZIP Indian River shores FL 32963 TITLE Delete 11111 Addition GIBBONS, SEAN NAME shaw, Mark STREET ADDRESS STELL LADDRESS 6001 N A1A 6001 N A1A CITY S1-7IP INDIAN RIVERS SHORES FL 32963 CHY ST ZIP Inlan River shores, FL 32963 THUE 🔽 Delete Change ☐ Addition NAME PUCHALA, LOU CIDEET ADDRESS aini i ADDRISa 6001 A1A CITY ST-ZIP INDIAN RIVER SHORES FL 32963 CHY ST 7P HITLE Delete Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY SLZIP CHY ST ZIP THUE ☐ Delete 1003 Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST ZIP THU ☐ Delete HHE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-78P CHY SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-07 (772)231-2451 (33)

FILED